

**TEACHERS' PERCEPTIONS AND EXPERIENCES OF TEENAGE
PREGNANCY IN SECONDARY SCHOOLS**

by

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DECLARATION

I, **Margareth Kedibone Mogotsi**, hereby declare that the above dissertation/thesis on **Teachers' perceptions and experience of teenage pregnancy in Secondary Schools**.

It is my own work and has not been submitted at any other university, and all the sources that I have used have been indicated and acknowledged by means of complete references.

Signature:

Date:

Mrs. M.K. Mogotsi

DEDICATION

The study is dedicated to my husband Setumo Alpheus Jan Mogotsi (Lefure) and my two sons, Kearabetswe and Keamogetswe Mogotsi, not forgetting my mom and mother-in-law who has been called to heaven (*May their departed souls rest in peace*). It is especially dedicated to them, because of their unconditional love, immeasurable support; patience and encouragement have contributed a lot to me.

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ABSTRACT

Teenage pregnancy is a serious cause for concern. It is said to be always unplanned. Teenage girls who fall pregnant while attending school often dropout from school. In South Africa, recent policies in education prevent exclusion of pregnant learners from school. However, most teachers seem challenged to deal with teenage pregnancy in their classrooms and in the entire school. The purpose of this study was to explore the teachers' perceptions and experiences of teenage pregnancy in secondary schools within the Tshwane South District in Gauteng. The study used an exploratory, descriptive, explanatory qualitative approach and the case study research design. Data were collected through semi-structured individual interviews. Purposive sampling included 16 teachers from four secondary schools. Thematic content analysis was used as method of data analysis to collect data from participants. Findings: The study revealed that teenage pregnancy influenced school attendance and led to poor academic performance; factors that causes teenage pregnancy include poverty, peer pressure, lack of parental involvement and guidance, social network and media as well as substance abuse and alcohol. Participants experienced challenges such as lack of training and resources, Frustration in implementing policy, poor relationships between teachers and pregnant learners and Lack of competencies in reproductive related matters. Participants used strategies used such as school-based programmes based on prevention for teenage pregnancy, understanding of department policy as strategies to support learners. Views on how to address teenage pregnancy included Supporting learners through empathy and motivation. It was recommended that school attendance and poor academic performance need to be addressed by strengthening of teenage pregnancy preventative programmes and support strategies; that school, community, parents, NGOs and other stakeholders need to work hand-in-hand to curb teenage pregnancy, and that teachers need to be supported by educational psychologists. Sexuality education should be taught in the schools, community, churches and places where most teenagers visit. The teachers needed training on how to deal with teenage pregnancy at school.

Key words: perception, teenage pregnancy, adolescent learner, learner

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ACRONYMS AND ABBREVIATIONS

ABBREVIATION	FULL TERMINOLOGY
CEM	Council of Education Minister
DEP	Department of Education Policy
DBE	Department of Basic Education
DoE	Department of Education
GDE	Gauteng Province Department of Education
HIV/AIDS	Human Immune Virus/African Immune deficiency Syndrome
HoD	Head of Department
ILST	Institutional Level Support Team
LO	Life Orientation
MEC	Minister of Education
MPMLPS	Measures for the Prevention of Learner Pregnancy Strategy
MPR	Mathematics Policy Research
NCPTP	National Campaign to Prevent Teenage Pregnancy
NGOs	Non-Government Organisation
REBT	Rational-Emotive Behaviour Theoretical
RHRU	Reproductive Health Research Unit
RSA	Republic of South Africa
SASA	South African School Act
SBST	School-Based Support Team
SMT	School Management Team
STI	Sexual Transmitted Infection
TSD4	Tshwane South District 4
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

CHAPTER 1:

AN OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND OF THE STUDY

This study explores the perceptions and experiences of secondary teachers on teenage pregnancy. Participating schools are in the Tshwane South District in Gauteng-South Africa.

Teenage pregnancy has become a very serious social problem in South Africa. Since the beginning of the 21st century, an exponential increase in the number of teenage pregnancy cases has been reported by local education authorities; for example, Jyothi (2018) reported that girls between the ages of 15 and 19 account for 11% of births worldwide. Annually, about 16 million girls between 15 and 19 years old become pregnant while about 1 million girls are under the age of 15. Such incidences are a major concern for teachers, their families and society at large.

Rangiah (2012) writes that thousands of South African girls leave school each year and do not return after having their babies. In 2016, teenagers between the age of 10 and 19 contributed 13.9% of registered childbirths (Statistics SA [StatsSA], 2016). The Department of Basic Education (DBE, 2014) observed that about 68 000 school-going learners had given birth to at least one child in 2013, compared with 50 000 in 2009, and an additional 21 000 learners were pregnant in 2013. The Annual School Survey (DBE, 2014) reported that over 15 000 pupils fell pregnant during the 2014 academic year with some of these children being in primary school. Most concerning in the StatsSA (2017) report is that a total of 3 261 girls aged 10–14 were registered as mothers in South Africa.

Nevertheless, the 2018 General Housing Survey reported a decrease in the prevalence of teenage pregnancy. StatsSA (2018:P0318) reported that “5,2% of females in the age group 14–19 years were at different stages of pregnancy during the 12 months before the survey”. These statistics show a drop since 2009 where just over 6,4% of girls between the ages of 15 and 19 years were pregnant (Pretorius, 2016). Nationwide, the worst affected grades in terms of pregnancies are Grade 11 (1 336), Grade 12 (1 260) and Grade 10 (1110). Grade 8 and 9 learners accounted for

213 and 486 pregnancies respectively. A total of 39 primary school learners also fell pregnant in 2017 (Koko, 2017).

The Minister of Basic Education, Angie Motshega commented that pregnant learners weaken the DBE's efforts to ensure that all learners remain in school for the period of their schooling, especially girls, so that they can have an opportunity to improve their quality of life. The Minister stated that it is essential to ensure that "our learners are educated and know what they are getting into when it comes to sexual activity" (SABC Education, 2017). Consequently, the National Policy for the Prevention and Management of Learner Pregnancy (DBE, 2018) was drafted for public comment. It is intended to address the high rates of pregnancy amongst learners; its pre- and post-natal implications, limitations and retention and re-enrolment of affected learners in schools. This policy seeks to ensure the accessible provision of information on prevention; choice of termination of pregnancy; care, counselling and support; frameworks for impact mitigation; and guidelines for systemic management and implementation.

At a provincial level, the Gauteng Member of the Executive Committee (MEC) for Education, Lesufi, mentioned that he was worried about the increasing rate of teenage pregnancy in Gauteng and further mentioned that 4 446 girls in the province fell pregnant during 2016 (SABC Education, 2017). The statistics as reported by Koko (2017) are as follows in different regions in Gauteng province:

- The Ekurhuleni region was the worst affected with 1 289 learners falling pregnant.
- The Tshwane region came second with a total of 1 136 pregnant learners.

However, it is not only the Gauteng province that has high rates of teenage pregnancy. In the media, Mlambo (2018) reported statistics which revealed that 3 000 girls aged between 10 and 14 became mothers in KwaZulu Natal in 2017. The Mpumalanga Health MEC reported that the province recorded 5 609 deliveries in health care facilities to mothers younger than 18 years of age. Mpumalanga had a 78% increase in teenage pregnancy in just one year (SABC News Online, 2018).

The DBE (2010) also indicates that teenage pregnancy is one of the barriers to educational access for girls and is considered by researchers to be a social problem. Gouws, Kruger and Burger (2008) assert that pregnant teenagers are considered a

fertile breeding ground for the onset and spreading of teenage sexual activity. They add that teenage pregnancy is a problem in many countries.

In terms of article 9(3) of the Constitution of SA of 1996 (Republic of South Africa, 1996a), no person may unfairly discriminate directly or indirectly against anyone or more grounds, including race, gender, sex and pregnancy. This is supported by the South African School Act (SASA) 84 of 1996 (Republic of South Africa, 1996b) which states that no learner may be turned away from school even if she is pregnant. The Draft National Policy for the Prevention and Management of Learner Pregnancy (DBE, 2018) also stresses that pregnant learners have the right to education and non-discrimination. One might add that such principles could be one of the factors contributing to the escalation of teenage pregnancy.

As mentioned earlier, the Draft National Policy for the Prevention and Management of Pregnancy in Schools (DBE, 2018) was developed to address the high rate of pregnancy among learners. This policy explains and provides guidelines on options for unwanted pregnancy (DBE, 2018). This policy was developed after the 2007 Measures for the Prevention and the Management of Learner Pregnancy were withdrawn by the Constitutional Court (Andrews & Draga, 2013) because some schools were found to have misinterpreted the clause of the policy and its implementation; for example, on the period of absence of the girl learners from school post-pregnancy which forced learners to stay out of school for up to two years.

The legislation and policy guidelines on teenage pregnancy in South African schools seems to be a challenge for most teachers. Hence, there has been an outcry from several teachers who show some frustration in dealing with and supporting pregnant learners. Pregnant learners often become sick and require urgent medical attention which the teachers are unable to provide. Sometimes they are absent from school and this interrupts their learning.

A study by Du Preez, Botha, Rabie and Manyathi (2019) found that teachers felt insecure about handling unexpected births within schools as they are not professionally trained in the medical field. The study also found that even though there are policies in place regarding teenage learners' pregnancies, they do not address the issue of handling of emergency deliveries, for example. Sibeko (2012) also investigated the effects of pregnancy on girls' education and reported that an increase

in teenage pregnancies and unexpected births made teachers feel overburdened. Participants also complained that they were not trained as midwives but as teachers. Furthermore, teachers felt that they lacked skills and competencies and were insecure about delivering babies on their own if they had to. Due to these emotional ramifications, Ramulumo (2015) indicates that the management of teenage pregnancy is a problem irrespective of the laws and policies that are in place.

Like many teachers, teenage pregnancy is also a concern to me as a researcher in view of the continuous problems in schools, its consequences for learners and their families as well as associated difficulties in supporting pregnant learners within the school context. I note that pregnant teenagers often drop out of school and lack appropriate support. I have also noted that pregnant teenage mothers are often left to carry the burden alone while the boys responsible for impregnating the girls continue with their schooling as if nothing has happened.

Furthermore, as schools and the DBE often run preventative teenage pregnancy programmes presented as part of the curriculum, I would expect that teenage pregnancy should be reduced and become a non-existent phenomenon. The ongoing problem of teenage pregnancy suggests that such programmes are not effective and there could be other contributing factors to this phenomenon. Teachers are also not professionally trained to deal with emergency childbirth cases. Although there is one school namely Pretoria Hospital School that could cater for pregnant learners in the district where the study is located, this particular school is out of reach as it is in the Central Business District whereas this study was done in a township about 30 km away.

The Schuyler Centre for Analysis and Advocacy (SCAA) (2008) indicates that teenage pregnancy does not only affect our country; even international countries are affected. According to WHO (2020):

- Approximately 12 million girls aged 15–19 years and at least 777 000 girls under 15 years give birth each year in developing regions.
- At least 10 million unintended pregnancies occur each year among adolescent girls aged 15–19 years in the developing world.
- Complications during pregnancy and childbirth are the leading cause of death for 15–19-year-old girls globally.

United Nations Population Fund (UNFPA) (2013) revealed that every day in developing countries, 20 000 young girls under 18 give birth. This amounts to 7.3 million births a year.

Romania and Bulgaria have some of the highest teenage birth rates in Europe. As of 2015, Bulgaria had a birth rate of 37/1 000 women aged 15–19, and Romania had 34. Both countries also have very large Romani populations, who have an occurrence of teenage pregnancies well above the local average (Jordan & Isaev, 2010).

The Philippines have a similar predicament regarding teenage pregnancy. According to Salvador, Sauce, Alvarez and Rosario (2016), the UNPFA found that the number of teenage pregnancies in girls aged 10–19 years old increased by 70% over the previous 10 years. According to Philippines News Agency (2012), this has imposed a serious problem for the achievement of Millennium Development Goals. It was reported in the 2014 Survey of Young Adult Fertility and Sexuality (Demographic Research and Development Foundation and University of the Philippines Population Institute, 2014) that 14% of teenage girls between 15–19 were already mothers or had had several children as compared to the 8% in the 2002 survey. The reasons identified as major causes of teenage pregnancies were related to sexual education and sexual health services.

Southern Africa has the highest level of adolescent pregnancy. It is estimated at 101 births per 1000 women (Loazia & Liang, 2013). The situation differs across countries; with some countries seeing higher rates than others.

According to Lillian and Mumbango (2015), the national statistics in Namibia indicate an ascending trend in teenage pregnancy. However, teenage pregnancy is still a concern in some regions of the country.

The Namibia Demographic and Health Survey (NDHS) (Republic of Namibia, 2013), estimated that one in six women aged 15–19 had already started childbearing, nearly 15% were already mothers and another 5% were pregnant with their first child during the period of the survey. This represents a 4-percentage point increase in teenage pregnancies in Namibia since the 2006-07 NDHS when it was 15%. The Namibia Ministry of Health and Social Services (2008) indicated regional variation in teenage

pregnancy that ranges from 34% in the Kavango region, followed by Kunene (31%), Oshikoto with 14% and Khomas with the lowest, 6% of young women who having begun childbearing. According to Arowolo et al. (2011), the Oshikoto Region is 1% below the national figure, which is 15%. According to UNICEF (2013, n.p.), “teenage pregnancy [in Namibia] has been on the rise in the past decade and today, close to a fifth (19%) of young women between the ages of 15 and 19 have begun child bearing”. This shows the prevalence of teenage pregnancy specifically for school-going girls.

Teenage pregnancy is also common in Kenya. The latest statistics from the Demographic Health Survey (Republic of Kenya and KNBS, 2015) reveal that teen pregnancy and motherhood rates in Kenya stand at 18%. It was estimated that about one in every 5 adolescent girls has either had a live birth or is pregnant with her first child. Rates increase rapidly with age: from 3% among girls at 15 years old, to 40% among girls at 19 years old. Republic of Kenya and KNBS (2015) also mention that Kenya’s adolescent birth rate is 96 per 1 000 women; 15% of all adolescent women have already given birth and 3% were pregnant with their first child. The teen pregnancy rate appears to have remained unchanged at 18% in recent years.

The National Adolescent Fertility Study 2016 in Zimbabwe (Ministry of Health and Child Care, 2016) revealed that the country has the highest teenage pregnancy rate in sub-Saharan Africa, and further mentioned that one in every 10 girls, aged between 15–19 years falls pregnant every year. Zimbabwe’s fertility is recorded to be twice as high in rural areas than in urban areas. The national study further mentions that in Zimbabwe there are between 500 000 and 700 000 pregnancies annually. The report also shows that almost a fifth of the pregnancies in this group are due to early child marriage.

In Botswana, teenage pregnancy in schools is a worrisome. The adolescent fertility rate is estimated at 51 births per 1000 women aged 15-19 years, i.e. about 5%. The dropout rate due to pregnancy, however, is difficult to determine although Botswana authorities are concerned about it (Molosiwa & Moswela, 2012).

Willan (2013) states that regardless of statistics, and a decline in teenage pregnancies and childbirth in recent years, the numbers are still too high to ignore.

1.2 RATIONALE BEHIND THE STUDY

Teenage pregnancy is prevalent in our societies and is a concern for education and health authorities. Efforts to address the rate of pregnancy amongst secondary school learners seem to yield few positive results as the number of pregnancy amongst teenagers continue to escalate. Pregnant teenagers are often not adequately supported leading to emotional difficulties and high dropout rates. Families of pregnant learners are often frustrated and experience conflicts due to a pregnant learner. On the other hand, schools often find it difficult to provide support for pregnant learners as teachers are not necessarily trained to deal with pregnant learners, particularly if there are medical problems. Although there are programmes and policies from the DBE addressing teenage pregnancy, schools seem to lack internal strategies for managing the problem.

Various studies have been conducted in South Africa such as that of Matlala (2016) who found that teenage pregnancy amongst secondary school learners in Limpopo Province is a serious concern to everyone involved; for example, teachers, parents and pregnant learners regarding social support for pregnant learners to continue attending school and remain healthy. The study recommended the need for social support to pregnant learners so they the can maintain their health and continue to attend school. Matlala's study differs from the current study in term of the focus (the experiences of secondary school teachers) and the context (Gauteng province).

Maemeko, Nkengbeza and Chokomosi (2018) found that lack of knowledge on sexuality and reproductive education among learners was one of the factors that leads to teenage pregnancy. The focused on one area of teenage pregnancy, namely, its impact on academic performance, while the current study focuses on perceptions and experiences within the school which are multifaceted in nature. Understanding the teachers perceptions and experiences within the secondary schools' township context is therefore necessary.

1.3 RESEARCH QUESTION AND OBJECTIVES OF THE STUDY

Based on the background and rationale discussed above, the research questions in this study are:

Main research question

What are the perceptions and experiences of secondary school teachers on teenage pregnancy?

The sub-questions out of this are:

- How do secondary school teachers perceive teenage pregnancy with regard to learning and school performance?
- What do secondary school teachers perceive as contributory factors to teenage pregnancy amongst learners?
- How do secondary school teachers perceive the emotional behaviour of pregnant teenage learners?
- What challenges do secondary schools teachers encounter in supporting pregnant teenage learners?
- What strategies do secondary schools teachers use to support learners who are pregnant?
- How can the secondary school teachers' perceptions and experience on teenage pregnancy be used to propose recommendations that could curb teenage pregnancy in schools?

1.4 OBJECTIVES OF THE STUDY

THE OBJECTIVES OF THE STUDY ARE TO:

- Explore, explain and describe the perceptions and experiences of teachers on pregnant learners.
- Explore the views of secondary school teachers about contributory factors to teenage pregnancy.
- Determine how secondary school teachers perceive the emotional behaviour of teenage pregnant learners.
- Establish the ways in which secondary school teachers support teenage pregnant learners.
- Ascertain challenges experienced by secondary school teachers in supporting pregnant teenagers.

- Use secondary school teachers' perceptions and experiences to propose recommendations on how to address teenage pregnancy.

1.5 SIGNIFICANCE OF THE STUDY

This study is significant as it allows secondary school teachers to express their perceptions and describe their experiences of teenage pregnancy. The findings of this study may benefit secondary school teachers to have a better understanding of dealing with those challenges. The study could influence policy on how to deal with teenage pregnancy within secondary schools. It will also illuminate challenges faced by teachers regarding teenage pregnancy. The teachers' perceptions and experiences could be shared with other teachers within the district, the support staff and the curriculum planners. It is further hoped that teachers will be able to realise the need to be involved in teaching about sexual issues which will reduce the problem of teenage pregnancy.

1.5 THEORETICAL FRAMEWORK

Bronfenbrenner's ecological systems theory is used as a theoretical framework in this study. This theory is characterised by five levels of influences, each having an effect on a child's development. These levels are categorised from most the intimate level to the broadest (Bronfenbrenner, 1979). This theory helps us to have an understanding of how teachers perceive and experience teenage pregnancy in four Tshwane South District secondary schools. Ecological systems theory is beneficial, because it can be used as a theoretical framework for understanding a school, classrooms, teachers' practices and families by viewing them as systems in themselves (Swart & Pettipher, 2011). This framework is discussed in detail in Chapter 2.

1.6 RESEARCH DESIGN AND METHODS

In this section, the research design and methodology is briefly introduced. A detailed discussion is presented in Chapter 3. The aspects that will be discussed include research paradigm, research approach, research design, population and sampling. In addition, data collection methods, data analysis and measures to be taken to ensure the trustworthiness of the study and ethical measures that guided the study are also discussed.

1.6.1 Research Paradigm

Bertram and Christiansen (2014) regard a research paradigm as a worldview of the researcher which determines what to accept and how should be done. The research paradigm used in this study is interpretive research paradigm. De Vos, Strydom, Schulze and Patel (2011) mention that the interpretive research paradigm is based on the belief that the participants become actively involved in all the phases of the research. In this study, it was used to understand the experiences of teachers from their own perspectives on teenage pregnancy. This paradigm is discussed in more detail in Chapter 3.

1.6.2 Research Approach

The research approach used in this study is qualitative described by Liamputtong (2013) as a method that seeks to understand the subjective meanings of participants about the topic being investigated. The qualitative approach depends on the words that participants say when they relate their experiences to the researchers (Paul, Rajiv & Chiang, 2015). The qualitative approach also allows thick and rich descriptions of the views of participants (Keller & Casadevall-Keller, 2010). Further discussions of this approach are provided in Chapter 3.

1.6.3 Research Design

A case study research design is used in this study. According to Stake (2006), a case study is an intensive and systematic approach used by researchers when investigating a single individual, group, community or some other unit. The single case was used in this study. Creswell (2013) emphasises that a single case study method explores a real-life, contemporary bounded system (one case) over time, through detailed, in-depth data collection involving multiple sources of information and reports a case description and case themes. Therefore, in this study, the case that is being explored is secondary school teacher's perceptions and experiences of teenage pregnancy in Tshwane secondary schools. The motivation for its selection is discussed in Chapter 3.

1.6.4 Population and Sampling

The population of this study included teachers from four secondary schools in Mamelodi. The teachers were selected using purposive sampling described by Michael (2012) as a sample that is a subset of the population. Sixteen secondary school teachers from the Tshwane South District participated in the study. The selection criteria included male and female teachers from the selected secondary schools, members of the School Management Team, with more than 4 years' experience in teaching and the members of the Institution Level Support Team (ILST) of each school and teachers who have interacted with pregnant learners in their schools. The profile of each participant is illustrated Chapter 3.

1.7 DATA COLLECTION METHODS

Data collection methods included semi-structured individual interviews, document analysis and field notes. Boyce and Neale (2006) describe interviews as a qualitative research technique which involves conducting intensive individual interviews with a small number of participants to explore their perspectives and experiences on a particular idea, programme or situation. De Vos et al. (2011) add that researchers use semi-structured interviews in order to gain detailed understanding of participants' beliefs about a particular topic. Document analysis is a form of qualitative research in which documents are interpreted by the researcher to give voice and meaning around a particular topic (Bowen, 2009). In this study, records such as field notes and minutes of ILST meetings were analysed. No confidential and medical records about each learner were included as it was not within the scope of the research.

1.8 DATA ANALYSIS

McMillan and Schumacher (2010) mention that data analysis is the process of organising information and identifying patterns and relationships among the categories. Thematic data analysis is used in this study as described by Braun and Clarke (2006) and Guest, MacQueen and Namey (2012). It is one of the most common forms of analysis within qualitative research. It emphasises identifying, analysing and interpreting patterns of meaning or themes within qualitative data. Thematic analysis is often understood as a method or technique in contrast to most other qualitative analytic approaches. I also used Tesch's (1992) interactive data model of data

analysis, because it provides detailed guidelines to develop a system for organising unstructured qualitative data. In addition, Creswell (2008) points out that open coding methods of data analysis assist in identifying themes and categories. Tesch's (1992) interactive process of data analysis is a systematic process of examining, selecting, categorising, synthesising and interpreting the data to address the initial proposition of the study.

1.9 MEASURES TO ENSURE TRUSTWORTHINESS

De Vos et al. (2011) describe trustworthiness as the truth value of the study, whereas Babbie (2005) describes trustworthiness as a key guideline of good qualitative research. To ensure trustworthiness of the study, I followed Guba and Lincoln's (1994) model which consists of five imperative principles: credibility, conformability, transferability, dependability and authenticity. Additionally, I followed the measures such as member checking to ensure that this study was trustworthy.

1.10 ETHICAL CONSIDERATIONS

Ethics in research refers to morals or rules for distinguishing between right and wrong (Resnik, 2015). The ethical principles that were used in this study included respect, beneficiaries and justice, confidentiality and anonymity. To ensure integrity, the researcher obtained ethical clearance from the College of Education Research Committee at Unisa (Appendix A) and also adhered to the supervisor's guidance. The researcher applied to Gauteng Department of Education (GDE) (Appendix B) to get permission, which was granted, approached the circuit office in order to get permission to visit schools that were sampled to collect data (Appendix C). The researcher also obtained permission from the school principals. (Appendix D) and consent forms from participants in the study (Appendix E). The ethical considerations are explained further in Chapter 3.

1.11 CONCEPT CLARIFICATION

The following concepts are pertinent to the study.

1.11.1 Perception

Perception can be defined as recognising and interpreting sensory information, which includes how one responds to the information (Schacter, 2011). Perception defines a person's experience of the world. According to Bryant (2017), perception is how a person views himself or herself, how one views the world, how one interacts with him/herself, and how one creates one's reality. According to the Business Dictionary (2020), a perception is the process by which people translate sensory impressions into a coherent and unified view of the world around them. In the study, perceptions refer to how teachers understand, regard and interpret teenage pregnancy.

1.11.2 Learner

According to the SASA (Republic of South Africa [RSA], 1996b) and DBE (2011), a learner refers to any person receiving education or obliged to receive education at a school. This concept is supported by the National Policy Act 27 of 1996 (RSA, 1996c), a learner is any person who is enrolled in an education institution and who is obliged to receive education. A learner is a person who is learning about a particular subject or how to do something (COBUILD Advanced English Dictionary, 2020). In this study, a learner refers to any person who is enrolled at a secondary or high school and who is receiving education provided by educators who are capable of teaching.

1.11.3 Adolescent Learner

According to Philemon (2007), adolescence is the period following the onset of puberty during which a young person develops from childhood into an adult. It is the developmental stage ranging between the onset of puberty and full maturity. Macleod (2011) states that young teenagers are not one or the other: neither a child nor a grown-up but both at the same time. The World Health Organisation (WHO, 2020) defines adolescents as any persons between ages 10 and 19. This age range falls within WHO's definition of young people, which refers to individuals between ages 10 and 24 and development between childhood and adulthood.

1.11.4 Teenage Pregnancy

While a variety of definitions of the term teenage pregnancy have been suggested, this dissertation will use the definition suggested by Nkwanyana (2011) and Mkhwanazi (2010) who see it as pregnancy in women who have not reached legal adulthood. In this study, teenage pregnancy entails falling pregnant of younger girls in secondary schools aged between 13 and 19 and enrolled in Grades 7–12. Macleod (2011) describes teenage pregnancy as a social problem in which a person who is not yet an adult, but a teenager, becomes involved in adult practices such as sexual intercourse, motherhood and reproduction.

1.12 OUTLINE OF THE STUDY

Chapter 1: Introduction to the study

This chapter provides an overview of the research. The chapter discusses the background and the aims and objectives. This chapter describes the components of the research study, the problem statement, research questions, sub-research questions and research objectives and explanation of concepts. The research design and methodology are also explained.

Chapter 2: Literature review

Bronfenbrenner's ecological systems theory are discussed in detail as the theoretical framework that guides this study. Literature pertaining to teenage pregnancy and its implications are explored.

Chapter 3: Research methodology

This chapter describes the research design and methodology. The qualitative design, research methods, data collection instruments and techniques as well as the population and sampling techniques used are discussed in detail. Furthermore, ethical principles are also explained.

Chapter 4: Research findings and analysis.

This chapter is based on the data collected, the findings are presented and analysis and interpretation of the data are discussed.

Chapter 5: Conclusions and Recommendations

This chapter presents the discussion, findings, conclusions, recommendations and strategies that can be used to prevent teenage pregnancy in secondary schools. It includes the unique contributions and limitations of the study and makes recommendations for further studies.

1.13 CHAPTER SUMMARY

In this chapter, the researcher has introduced the study and stated the main problem of the study. This is an exploratory and descriptive study as the perceptions of teachers will be explored. The methodology of the study is qualitative and an explanation for its use was provided. The tools of enquiry, ethical measures and the strategies used to validate the study were discussed.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter focuses on literature review. The chapter is divided into two sections, namely, the theoretical framework and the section on teenage pregnancy in terms of school performance, factors contributing to teenage pregnancy, risk associated with teenage pregnancy, the views of the community, the teachers' views, the views of School Management Team, and the development of the adolescent.

2.2 BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY AS A THEORETICAL FRAMEWORK

Urie Bronfenbrenner (1917-2005) developed a theory called the ecological systems theory that influence development to explain how everything in the children's environment impact their growth and development (Bronfenbrenner, 1979). Bronfenbrenner revealed different features or levels of the environment that influence the children's development, including the microsystem, the meso-system, the exo-system, the macrosystem and the chrono-system. Ecological system theory focuses on how individuals and groups within the different levels of the social contexts are linked in dynamic relationships (Bronfenbrenner, 1979).

As indicated in Chapter 1, this study used Bronfenbrenner's ecological systems theory as a theoretical framework. Bronfenbrenner (1979, 1992) explains four interacting dimensions that need to be taken in account in the family: contexts such as school, family, communities and time that interact in the child or his/her environment. He views proximal interaction (close, continuous interaction that happens in long-term relationship such as between the mother and the child) as the most important influence on child development. He states that these interactions are affected by people and the context (such as the school) in which they occur. This may all change over time due to developmental changes in the child or the environment (Donald, Lazarus & Lolwana, 2002). A brief description of each of these systems is presented below to provide a framework for this study.

Figure 2.1 illustrates different systems and how they affect each other, namely, microsystem, mesosystem, exosystem, macrosystem and chronosystem (Bronfenbrenner, 1995; Donald, et al., 2002; Landsberg, Kruger & Nel, 2005).

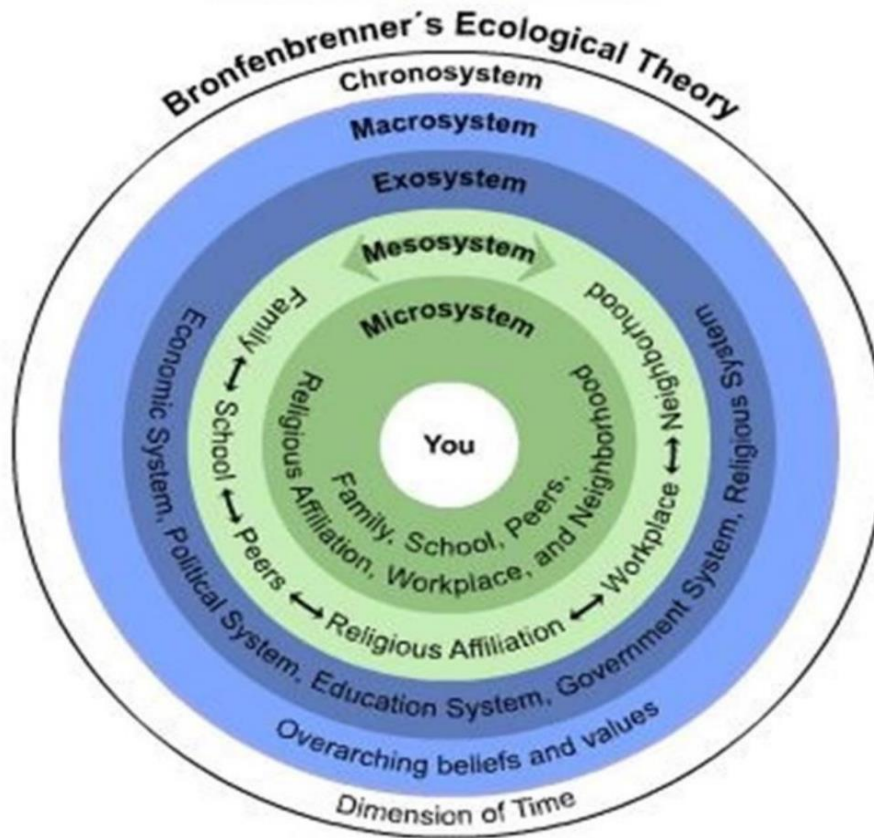


Figure 2.1: Bronfenbrenner's ecological model of development

Source: (Bronfenbrenner, 1977)

2.2.1 The Microsystem

The microsystem is the immediate environment of the child. It is the closest system to the child and the one in which they have direct contact with familiar people (Bronfenbrenner, 1979; Donald et al., 2010). The microsystem relates to the interaction of a child with the family, caregivers and their school or day care (Berk, 2000; Swart & Pettipher, 2011). Thus, it is at the family level that the adolescent learns how to make decisions about conducting herself. Swick (2009) therefore states that a caring relationship of the adolescent and her family can influence the development of a healthy personality. What is important for this study is that teachers should understand the family of the teenager and how the family circumstances could possibly

have contributed to the pregnancy, how the pregnant learner will be supported by the family and how the pregnancy will influence the relationship of the teenager and her family.

2.2.2 The Mesosystem

The mesosystem describes how the different parts of a child's microsystem work together (Bronfenbrenner, 1994). The mesosystem consists of the interactions between the different parts of a person's microsystem. It involves connections and procedures taking place between two or more environments within which the developing person finds herself (Bronfenbrenner, 1994). Donald et al. (2010) indicate that the mesosystem enables repeated connections between the microsystems (e.g. family and school) with one another. For instance, the family, the school and the peer group interact with one another, mutually modifying each of the other systems (Haufiku, 2014). Of importance to this study is to understand the interaction between teachers as participants in this study and pregnant adolescents. Hence, the study aimed to explore and describe the perception of secondary school teachers of teenage pregnancy and how their perceptions influence how they support the pregnant learners.

2.2.3 The Exosystem

The exosystem is defined as the large social system in which the child does not function directly but which has a direct influence on a child (Bronfenbrenner, 1995; Donald et al., 2010). The settings do not involve the children as active participants. The structures in this layer impact the children's development by interacting with some structures in their microsystem (Berk, 2000). The children are not actively involved in the activities taking place, but such activities will affect their development (Tudge, Mokrova, Hatfield & Karnik, 2009). This includes decisions that have a bearing on the person, but they have no participation in the decision-making processes; for example, most parents work far from home and leave their children to look after their homes. The importance in this study is to understand decisions taken by teachers as participants in this study and how those decisions affect the pregnant teenage learners indirectly. Hence, the study aimed to explore and describe the perceptions of

secondary school teachers about teenage pregnancy and how their perceptions support or do not support processes.

2.2.4 The Macrosystem

According to Bronfenbrenner(1994), the macrosystem surrounds or encompasses the micro, meso and exosystems of a given ethos or subgroup. Donald et al. (2010) regard the macrosystem as the culture of an individual, the cultural context involving the socioeconomic status of a pregnant teenage learner or family, her ethnicity or race or the fact that she is living in a developing or 3rd World country. Paquette and Ryan (2001) describe a macrosystem as the outer layers in the child's world consisting of cultural value, norms and belief systems. The macrosystem is linked to the values and belief of particular societies that may influence other levels or system, such as cultural values and beliefs, political ideologies such as democracy, or an ideology that promotes social justice. The macrosystem can be considered the outermost layer in the child's environment. While not being a specific framework, this layer includes the social context in which people live and all other systems that affect them. For example, the economy, cultural values and political dispensations, customs and laws (Berk, 2000) refer to the contextual factors that are far removed from children and involve main societal and financial structure (Donald et al., 2010; Haufiku, 2014; Swart & Pettipher, 2011); for instance, social beliefs, the media and government policies may impact all other social systems. According to Swart and Pettipher (2011), the inclusion policy of the DBE falls within this level. For this study, teachers as participants must understand that learners' lack of knowledge on sexual matters, culture, attitudes and values should be integrated in supporting pregnant teenagers in schools (Nel, Adam, Booyesen, Good, Jordan, Kaminski & Nel, 2015).

2.2.5 The Chronosystem

According to Bronfenbrenner (1979) the chronosystem is made up of the environmental events and transitions that occur throughout a child's life, including any socio-historical events. The chronosystem is one of five systems in Bronfenbrenner's ecological systems theory. It is referred to as the system that encompasses change and the dimension of time as it is the question and relates to the communication of various systems over a period of time and their impacts on the individual's

development (Donald et al., 2010; Swart & Pettipher, 2011). For the purpose of the study, teachers as participants should understand how the context influences childhood development and teenage pregnancy. In the next section literature on teenage pregnancy will be discussed.

2.3 TEENAGE PREGNANCY

According to the WHO (2020), teenage pregnancy refers to pregnancy in which the mother of the baby is under the age of 20 years at the time of pregnancy. Teenage pregnancy is defined as pregnancy of young people aged 13 to 19 (Fulghesu, 2017). This is supported by Macleod (2011) and Malahlela and Chireshe (2013) who describe teenage pregnancy as a societal challenge in which teenagers have sexual intercourse and mothering is done by a person who is not yet an adult. Louw (2011) reveals that teenage pregnancy is associated with unprotected sex, which also contributes to the HIV-AIDS epidemic.

Teenage pregnancy is a very challenging phenomenon all over the world. What makes a challenge is the fact that the teachers are often overwhelmed and do not know what ought to be done for the wellbeing of the pregnant learner and the new-born baby (Mashishi & Makoelle, 2014). As more adolescents become sexually active at a young age, the prevalence of teenage pregnancy is increasing rapidly and becoming a serious problem. Teenage pregnancy is a communal social issue that affects schools and communities throughout the world. The challenge of teenage pregnancy is prevalent amongst learners in schools because of changes in social behaviour patterns, cultural values and norms. The increased numbers of adolescents entering secondary education will inevitably affect teenage pregnancy rates (Odebode & Kolapo, 2016). However, it is disturbing to note that in a period in which sexual literature of teenage conception is readily and freely available, that teenagers appear to take no notice. Often teenage mothers, without the support of their extended family or the father of the child and his family, have to assume the responsibility of taking care of the new-born child on their own.

In exercising her basic right to attend school in terms of section 29 of the Constitution of the Republic of South Africa (1996) and the South African Schools Act 84 of 1996, the young mother returns to school and often finds herself in an environment where she experiences difficulties with school work and limited understanding and support

from all educational stakeholders (Bhana, Clowes, Morrell & Shefer, 2008). The pregnant female learner also has to adjust and accept the situation of motherhood that is awaiting her. To complicate matters even further, young teenage mothers often have to raise their babies with the dire lack of financial support as well as emotional support in the school environment (Haasbroek, 2013).

The reality of the problem with teenage pregnancy is that it is very difficult for young mothers to attend to the demands of the child such as their responsibility for caring for the baby. As soon as the baby is born, it becomes difficult for the teenage mother to cope with schoolwork and having to attend to the needs of the baby (Bhana et al., 2008). As a result, many teenage mothers decide to leave school. Furthermore, high school learners who fall pregnant may be at high risk of compromising their health as they may develop illness during pregnancy (Aparicio, Pecukonis & O'Neale, 2015, Sekhoetsane, 2012). Furthermore, they are likely to become disengaged from most extra-mural and sports activities at school because they may suffer injuries.

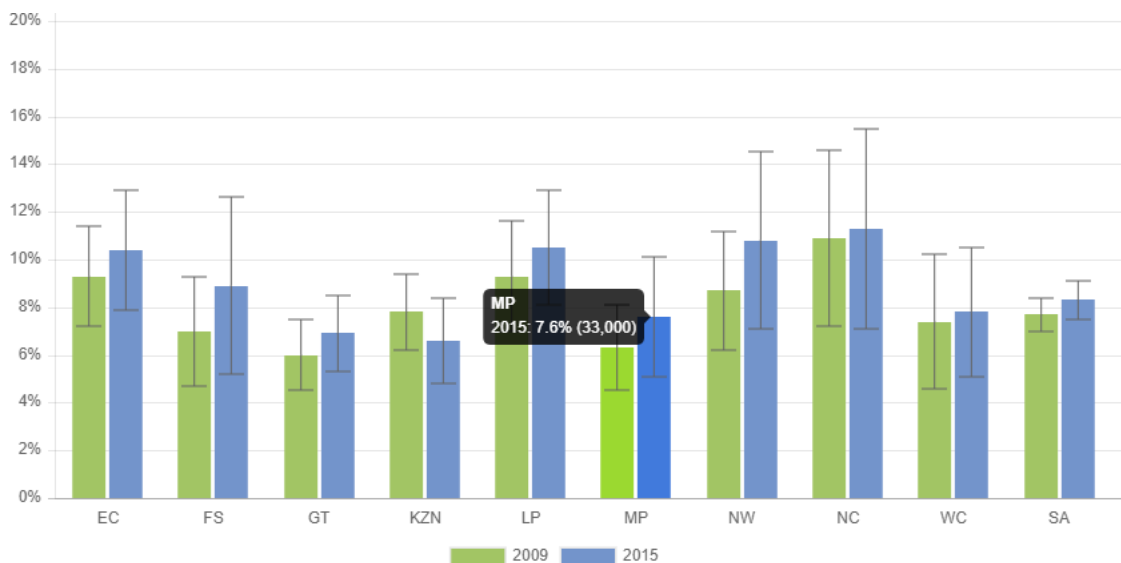


Figure 2.2: Teenage pregnancies 2009-2015

Source: Hall (2019)

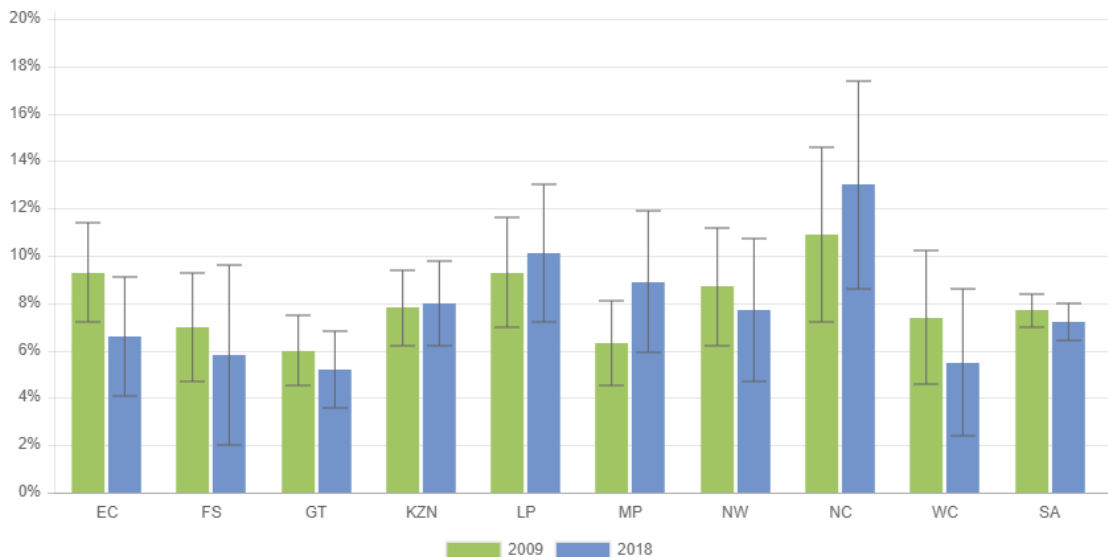


Figure 2.3: Teenage pregnancies 2009-2018

Source: Hall (2019)

Hall (2019) reveals that there was an increase in teenage pregnancy in some provinces in South Africa, while in other provinces there is a slight decrease (Figures 2.1 and 2.2). Although the statistics show a decrease in teenage pregnancy in Gauteng between 2015 and 2018, the MEC for Education and the DBE remain concerned about the rate of teenage pregnancy. Hence, the researcher is interested in exploring the teachers' perceptions and experiences of teenage pregnancy.

Teachers face many dilemmas as far as teenage pregnant learners in the schools are concerned; for example, if the teacher pays attention to pregnant learners' constitutional right to continue their schooling, it may signal approval of pregnancy among learners, causing it to escalate. Ngavaza and Shefer (2013) mention that, in South Africa, the DBE expects teachers to support pregnant learners by sending schoolwork to their homes.

2.4 FACTORS THAT CAUSES TEENAGE PREGNANCY

There are many factors that influence teenage pregnancy. The literature on teenage pregnancy will be discussed in the following section.

2.4.1 Socioeconomic Factors

Currie (2016) regards socioeconomic factors as the study of behaviour of people, including how they interact with one another or their family structure. Socioeconomic factors link financial and social issues. The socioeconomic status of young girls may also contribute to the increasing rate of teenage pregnancies. According to Chigona and Chetty (2008a) most teenagers are involved in intimate relationships for security reasons, for men to purchase expensive clothes, phones, tablets and data. Teenage pregnancy may affect the teenager's education as it may lead them dropping out of school (Chigona & Chetty 2008b).

2.4.1.1 Poverty

Hussain (2019) states that poverty means not having enough money for basic needs such as food, water, shelter. Flanagan, Lince, Durao de Menezes and Mdlopane (2013) describe poverty as the main structural factor that has an influence on teenage pregnancy. Teenagers who are from poor families deprecate themselves and view themselves as inferior to others. Thus, they find themselves engaged in early sexual relationships as a way of getting attention and recognition and are therefore more likely to fall pregnant (Bantebya, Kyoheirwe & Watson, 2015). It is also true that many children grow up in rural and urban areas where poverty is entrenched and girls fall pregnant at a young age (Panday, Makiwane, Ranchod & Letsoala, 2009). Oke (2010) mentions that poverty presents both a cause and a risk of teenage pregnancy. The study by Nkwanyana (2011) further reveals that teenage pregnancy is more common among young people from deprived families with low expectations of education or employment.

2.4.1.2 Lack of jobs

According to Mfono (2008), the need for employment and expectations for the future have been recognised as the major driving forces behind the high rates of teenage pregnancy as money is required. In my observation as a teacher for 24 years, I have seen that many girls in my area whose parents are not employed end up being pregnant, some of them by choice, but many of them give in to men who promise them money for sex – this is confirmed by Ranganathan, MacPhail, Pettifor, Kahn, Khoza, Twine, Watts and Heise (2017) who call it “transactional sex”.

2.4.1.3 Parental involvement and child-headed families

In families where young children do not have parents or in cases where parents are working far from home and come back on weekends, young teenagers become the heads in their homes and often fall pregnant, because there is no one to guide and support them, and they are often in need of money, food and other basic needs (Mfono, 2008). Sathiya, Susuman and Gwenham (2015) agree that a lack of parental involvement is a problem for teenagers who live in child-headed households because they are vulnerable and at risk of becoming pregnant.

2.4.1.4 Coercive power

Raven (2017) defines coercive power as the ability to impact someone's decision-making by means of discipline, if that person disobeys an order or instruction. Sexual coercion happens when a person is pressured, tricked, threatened or forced into unwanted sexual activity. Coercion can make someone think they owe sex to a person who has power over them, like a teacher, landlord or a boss. However, no person is ever required to have sex with someone else. Unfortunately, sexual and physical violence have come to characterise relationships between men and women in some communities in South Africa (Moore & Rosenthal, 2006). According to a study conducted by Naidoo, Sartorius, de Vries and Taylor (2017:1035), "South African high school students are at risk of experiencing forced sex with a higher prevalence in females". Mpani and Nsibande (2015:21) reported that in men used power and physical assault to initiate sex among school-going adolescents with "41.7% of the young women surveyed in Cape Town" reporting being "victims of a violent dating relationship".

Mashishi and Makoelle (2014) mention that a female learner could become pregnant as a consequence of being coerced into having sexual intercourse against her will by means of physical force, economic necessity or peer pressure. Many teenagers experience traumatising events such as forced sex before pregnancy. Teenagers are often felt misled, coerced or intimidated into having sex. Young women have less power physically over their own bodies than men, as they are stronger than women. Jewkes, Morrell and Christofides (2009) note that, in many instances, pregnancy is the result of coercive sex, with young women being unable to negotiate condom use or to simply say no.

2.4.1.3 The home backgrounds of pregnant teenagers

Being a good and responsible mother is one of the toughest jobs in the world, and it is not easy to do justice to this when you are young. Parents need to set out clear expectations regarding the importance and benefits of schooling and education. Parents should play a major role in guiding their children. However, talking about sex-related issues is viewed as offensive in many African cultures (Nambambi & Mufune, 2011).

According to Ashcraft (2012), parents should provide the main guidance for their teenagers' decisions on sexual matters, but, for most parents and their children, the prospect of talking about topics related to sexuality creates anxiety and apprehension, and this may lead to avoidance of the discussion. Ideally, parents should ensure that they are involved in their children's lives and, even before the onset of puberty, be able to discuss topics with their children, including ovulation, why it is and how it affects teenagers, the stages of development that they undergo at puberty and how it ends at emerging adulthood. The risks of having unprotected sex should also be discussed with both boys and girls.

2.4.1.4 The 'sugar daddy' phenomenon

The sugar daddy phenomenon has been listed as one of the factors that contribute to teenage pregnancy. Sámano, Martínez-Rojano, Robichaux, Rodríguez-Ventura, Sánchez-Jiménez, de la Luz Hoyuela, Godínez, and Segovia (2017) state that teenage girls who go out with older working men see this relationship as a source of income. Families who are poor may experience high levels of teenage pregnancy because of money needed to buy food. In many instances, families have only one-roomed houses which pose a lack of privacy as the parents have to share the room with their children. Odebode and Kolapo (2016) report that teenage girls have historically been disadvantaged across Africa due to being found at the intersection of age and gender which leaves them vulnerable. Current strategies to reduce teenage pregnancy and programme are not reaching female adolescents in sub-Saharan Africa, who are the most at risk, because there is little known about girl youth. Although it is often assumed that information and services reach vulnerable female adolescents through institutions like schools or youth-centred programmes, Chase (2019) shows

that teenage pregnant learners remain marginalised and disadvantaged because the majority of them have little education.

2.4.2 Socio-Cultural Factors

Socio-cultural factors are the beliefs, customs and practices within cultures and societies that affect the thoughts, feelings and behaviours of its citizens (Vaughn, 2019). Examples of these cultural aspects include concepts of beauty, religious beliefs, material culture, attitudes, role of the family, societal status and perception of time. Socio-cultural factors such as family structure, peer group influence, cultural permissiveness, family instability, early age of marriage, lack of knowledge of sexuality, lack of knowledge, and/or ineffective use of contraceptives, girls wanting to prove their womanhood and lack of parental guidance also contribute to the high rate of teenage pregnancy.

2.4.2.1 Peer pressure

Peer pressure is defined as a feeling that one must do the same things as other people of one's age and social group in order to be liked or respected by them (Merriam-Webster.com, 2020). Today children are faced with many difficulties. Pregnancy test results may be devastating and limit their coping skills which may prevent them from dealing with difficult situations effectively. Adolescents spend more time with friends and peer groups than with their parents which can affect their choices and decisions (Gouws et al., 2008; Peçi, 2017). Peer influence and pressure are some of the major factors that affect adolescents' sexual decisions because they often ask their peers for advice about sex, while the information they get may not be true or correct. Teenagers are also afraid of losing a sense of belonging to a relationship, and to avoid rejection by the group of friends, they surrender to peer pressure. Societal pressure may lead young girls from using protection such as contraceptives. Teenagers indulge in unprotected sex in order to get money to be able to survive for buying food and pay rent. Teenagers also tend to engage in multiple sexual relationships with more than one partner (Burrington, 2019). Peer norms that are supportive of protected sexual behaviours may influence adolescents to adopt and maintain safer sex practices (Lyon & D'Angelo, 2006).

It was reported that teenagers had sexual intercourse in response to their lust (Littman, 2018). A similar survey also reported that one in three young men aged 15 to 17 years said that they had been pressurised to have sex by male friends. It is clear that teenagers consider peer information significant and teenagers want to please those peers (Chakour, 2000). This is affirmed by Makhitha and Botha (2017) who state that teenage pregnancy still persists in schools because girls think that being pregnant is fashionable, and thus teenagers have sex to impress their friends. Teachers even stressed that if one teenager fell pregnant the others followed, as if it was a competition.

2.4.2.2 Culture

Culture is an umbrella term which encompasses the social behaviour and norms found in human societies, as well as the knowledge, beliefs, arts, laws, customs, capabilities and habits of the individuals in these groups (Gorringe, 2017). "Cultural beliefs are considered as symbolic and learnt features of a society or community that prescribe behaviour, beliefs are considered the norms and values shared by a community." (Ncetakalo, 2011:10). Cultural norms in South Africa are a contributing factor to teenage pregnancy. For example, teenagers are unable to discuss contraception with their parents and teachers because of traditional taboos (Panday, et al., 2009). Mafokane and Oyedimi (2015) reveal that parental discussions about sex and related matters is still a challenge among different families. In another study by Mothiba and Maputle (2012), it was revealed that teenagers perceived it as a cultural taboo to discuss sex with their parents. According to studies conducted by Ncube (2009) and Macleod (1999), some societies force girls to fall pregnant to prove their fertility. In a study carried out in Zomba, Malawi, Mwale (2008) reported that boys and young girls are teaching themselves by engaging in unprotected sex with more experienced individuals of the opposite sex.

In Botswana, a man is allowed to have multiple partners and he may have sexual intercourse with a teenager (Keetile, 2014). Risky sex is perpetuated in Botswana (Mwanga, 2012) since females do not have the authority to reject a man's advances. Clockland and Wong (1999) postulate that the teenage use of contraceptives is viewed differently by different cultures; for example, some cultures believe the use of contraception by teenager promotes promiscuity.

The main cause of teenage pregnancy from a cultural perspective is that in many cultures like the Tsongas in South Africa, adults are not allowed to discuss sexual issues with young people. The XiTsonga-speaking people attend an initiation school for women and men at an early age of 13 years for about a month. Since, after initiation teenagers are considered as mature women or men, when they return home from initiation, they find that a spouse has already been organised for them. It is believed that if a boy as young as 15 years impregnates a young female, his position and status would increase considerably (Ziyane & Ehlers, 2007).

2.4.2.3 Non-usage of contraceptives

Reproductive health services are described as an organisational factor influencing teenage pregnancy (Shrestha, 2012). An estimated 222 million women have unmet needs for modern contraception in the developing world (Singh & Darroch, 2012), and this number may increase in the decades ahead if the pace of contraceptive uptake does not keep pace with population growth and the growing demand for smaller families and precisely timed births (Darroch, Sedgh & Ball, 2011). It is estimated that 225 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception; the reasons for this include reproductive health service issues such as limited choice and access to contraception, particularly among young people and poor quality of available services (WHO, 2020). Estimates also indicate that if all women used a modern contraceptive method, 54 million unintended pregnancies and 26 million abortions would be averted each year (Singh & Darroch, 2012).

2.4.2.4 Lack of knowledge/information

Lack of information as a contributory factor to teenage pregnancy. Shrestha (2012) mentions that knowledge plays an important role in decision-making that influences health and development. There is a lack of knowledge on sexual matters and family planning such as the use of contraceptives, lack of skills to put knowledge into practice amongst teenagers because sexuality education is still lacking in many countries (WHO, 2020). Mushwana, Monareng, Richter and Muller (2015) found that inadequate sexual knowledge, changing attitudes towards sex and peer pressure contribute to a high pregnancy rate among teenagers.

The importance of education for female learners in particular has been regarded as a critical factor in the development of nations and in the achievement of the Millennium Development Goals, which place the achievement of universal primary education second only to the eradication of extreme poverty and hunger. However, the achievement of this goal is disrupted by teenage pregnancy. In most countries like South Africa, teenagers lack information on the causes of pregnancy, for the following reasons: lack of access to sex education; a lack of discussions on sexual topics; the negative attitudes of clinic nurses when a teenager presents with sexual diseases or is pregnant, and the teenagers' inability to obtain appropriate information on the effect of teenage pregnancy. Health clinics are available in South Africa to be accessed by teenagers, adolescents and everyone within the country, where they could obtain more information on sexual problems. However, many of them do not access those services for fear of being labelled as sexually active.

Non- usage of facilities may also be a contributing factor to teenage pregnancy as they lack knowledge about sex. Teenagers indulge in sex without having information on the outcome of engaging in sex. Teenagers are good at conducting tests or wanting to try first and see what might happen. For teenagers who lack education, it becomes difficult to understand what sexuality entails. They may have limited information due to the fact that their parents do not feel comfortable to discuss sexual topics with their children. Parents, partners, peer group, health personnel, teachers, church leaders and community fail to empower teenagers with knowledge and skills to circumvent the consequences of unprotected sex.

The truth is that teenage pregnancy disrupts and destroys the future of most teenager girls, as they are the ones experiencing pregnancy and its consequences throughout the entire process of pregnancy. The challenge is that the success of teenager may be limited, because of the increase in responsibility of the baby who needs to be cared for (Maravilla, Betts, e Cruz & Alati, 2017).

2.4.2.3 The parents' attitudes in respect of teenage pregnancy

Generally speaking, most parents display negative attitudes towards teenage pregnancy. When their daughters fall pregnant, the parents may feel disempowered because they do not know how to facilitate their schooling and ensure that they complete schooling and become self-reliant (Chigona & Chetty, 2008b). Parents might

have a concern that their daughters' performance may deteriorate because of the responsibility of taking care of the baby while in the education system. The responsibility of taking care of the young child often puts excessive financial and emotional pressure on parents, especially as some parents are unemployed and do not have the means to support their daughters in rearing their young babies.

2.4.4 Social Media

Nowadays children are addicted to technology whereby they can chat with friends and access website on porno image messages. They are more exposed to media like television, cell phones and internet compared to generations ago. The access to internet may cause sexual excitement and anxiety for children. They may become obsessed with acting out what they have seen (Breuner, Mattson & Committee on Psychosocial Aspects of Child and Family Health, 2016). Mwale (2008) reports that adolescents expressed that the western media daily papers tend to exaggerate the risks and consequences of HIV/AIDS so they tend to ignore the warnings.

2.4.5 Substance Abuse and Alcohol

Substance abuse means using illegal drugs and using alcohol, prescription medicine, and other legal substances too much or in the wrong way. Adolescence is a time of rapid physical, psychological and social change (Kim, 2008). These multiple changes promote exposure to new health risk behaviours such as physical inactivity, smoking, drinking alcohol, illegal drug use, and risky sexual activity (Kim, 2008).

According to Clayton, Lowry, August and Jones (2016) when teenagers are intoxicated with drugs and alcohol they may find themselves involved in unprotected sex which may result in pregnancy at a young age. Ramulumo (2015) reported that substance abuse and teenage pregnancy cannot be separated. This is supported by Ball (2019) who states that the abuse of drugs leads to risky sexual behaviour which among other things, includes contracting infectious diseases such as HIV-AIDS. Teenage pregnancy is not regarded as the concern of the DBE only but government departments such as the Department of Health, the Department of Social Services and the Department of Women should be involved in reducing teenage pregnancy (Skobi & Makofane, 2017).

Although liquor is a sedative, it can also be a stimulant and may also lead to a loss of inhibition, causing a young teenage girl to become promiscuous. Substance abuse may lead to unprotected sexual intercourse if teenagers are not careful (Ackley, (2017). Drugs and alcohol impact the section of the mind that controls a person's conduct, which may lead to the person feeling more comfortable and relaxed; they may then do things that would not be done under normal circumstances (Ramulumo, 2015) In such circumstances, teenagers will often ignore using a condom when they have sex, which may not necessarily happen if they had not been drinking (Ramulumo, 2015). According to Panday et al. (2009), liquor and substance usage increases an adolescent girls' risks of sexual activity and resultant pregnancy

Malga, Setlaltoa, Oduaran and Maforah (2018). state that learners who are exposed to smoking and drinking are more likely to involve in risky sexual activities and HIV/AIDS infection. This is supported by Mwinga (2012) that the risk of having sex with more than one partner is significant in adolescents who experience psychosocial distress.

2.5 RISK FACTORS ASSOCIATED WITH TEENAGE PREGNANCY

Some of the consequences of poverty and economic inequality for adolescent women globally include an increased risk of inaccessible contraception, unwanted pregnancy, unsafe abortion, HIV/AIDS and other STIs and infant and maternal mortality (Shaw, 2009).

Many pregnant teenager finds themselves in the middle of a complex crisis as isolated and unsupported during pregnancy (Bradley, 2003; Mwaba, 2000). These multifaceted crises include the perception of pregnancy as immoral and pregnant teenagers experiences greater instability than their peers (Laghi, Baumgartner, Riccio, Bohr & Dhayanandhan, 2013).

If teenagers have difficulties in their socioeconomic circumstances, the risk of terminating their pregnancy seem to be even more pronounced (Coleman, 2006). The reality is that teenage pregnancy may affect the girls' educational opportunities. The following risks are discussed in the sections below: sexually transmitted diseases, physical well- being, psychological issues, the parents' attitudes in respect of teenage

pregnancy, relationship difficulties, absenteeism and dropping out from school and pregnant teenagers' feelings while at school.

2.5.1 Sexually Transmitted Infections

Today teenagers are not protecting themselves when they indulge in sex. The danger of not using condoms is that they may contract STIs like HIV/AIDS which is the most dangerous risk for one's life. Teenagers are often not making use of condoms when having sex. Avoiding using condoms may cause them to become infected with STIs (Kalamar, Bayer & Hindin, (2016). It seems that although condoms are distributed by the government, they are not used. According to some of the teenagers who participated in the research, one of the reasons why the use of condoms does not appeal to them is the bad smell of the condoms from the government (Malaudzi & Jabuli, 2018). STIs can also be passed on to babies born to HIV-positive mothers (Oranje, Bilo & Hartwig, 2019)..

2.5.2 Physical Wellbeing

According to Leftwich and Alves (2017), unwanted or unplanned teenage pregnancies can lead to depression. Hence, women and teenagers may not be physically, mentally, socially or psychologically fit to bear the child. A pregnant teenager may fail to adapt to early motherhood. Some teenagers may even neglect the child immediately after birth because they are too inexperienced to take care of the baby. Teens invariably lack the basic skills needed to handle pregnancy, motherhood and raising the child. According to Bodeeb (2017), patience, maturity and ability to handle stress are required by pregnant mothers of all ages.

Despite ongoing information on increased rates of HIV/AIDS provided on television programmes, at schools and at the church and warnings to take precautions against falling pregnant, there seems to be little decrease in the rate of teenage pregnancies in South Africa. Despite having clinics and other health services where contraceptives can be freely accessed, the number of teenage pregnancies is still a problem.

2.5.3 Psychological Issues

Teenage pregnancy places young girls under tremendous stress as they are often not yet emotionally prepared to have a child or to assume the role of motherhood (Naidoo,

Muthkrishna & Nkabinde, 2019). During the first trimester of pregnancy, the teenager has challenging issues to deal with including the possibility of a miscarriage or the choice of an abortion. A miscarriage or abortion itself may cause emotional trauma for the young mother-to-be as she may experience feelings of inner conflict, blame, denial, irritation, frustration and sorrow (Raphael-Leff, 2018). The lack of support and acceptance from home and schools, may disturb pregnant teenager. The emotional turmoil of teenagers shows that they are not yet ready to give birth or become a mother (Chen, Wen, Fleming, Demissie, Rhoads & Walker 2007).

2.5.4 Relationships Difficulties

According to Nkwanyana (2011), children born to teenage mothers are likely to experience challenges in their intimate relationships in more than one way. Teenage mothers may have difficulties with their own family, the father of the child, his parents and family, as well as with their peers who may even reject them.

2.5.5 Absenteeism and Dropping-Out from School

According to the official constitutional rights enshrined in SASA (RSA, 1996b), pregnant learners are allowed to attend school. The policy states clearly that the pregnant teenagers cannot be expelled from school. However, pregnant learners are often unable to attend school on a regular basis due to the fact that they feel sick because of their pregnancy (Masilo, 2018). The most common sicknesses they complain about include hypertension, nausea, and swollen feet. In many instances, pregnant teenagers drop out of school due to condition of health.

After giving birth, it becomes difficult for them to attend school regularly because of the great responsibility that rests with them, in terms of caring for their babies and taking them for antenatal check-ups to protect them against illness. To complicate matters even further, the teenage parents often do not have anyone to support them in taking care of the babies while they attend school because the grannies are at work. Therefore, teenage mothers are often forced to leave school in order to fulfil their obligations towards their babies. While in class, the concentration, focus and attention span of teenage mothers is affected because of sleepless night and the fact that their main focus may be on their babies at home and not on the scholastic tasks at hand.

The DBE (2018) has a draft return-to-school policy whose objectives is to encourage the young girls to return to school after giving birth. However, the policy is not adhered to by a number of schools since they prefer to expel teenage pregnant female and teenage mother's learners instead as teenage mothers are regarded as a bad example and can influence other girls (Lob, 2014).

2.5.6 Pregnant Teenager's Feelings while at School

Teenage pregnancy can be devastating. Finding out that you are pregnant when you are a teenager can be very daunting, particularly if the pregnancy was not planned. It might also bring about many different emotions to some teenagers (Walker & Holtfreter, 2019). Teenage pregnant learners face high level of stress that can lead to mental health concerns. Some teenagers who discover that they are expecting often experience high stress levels particularly when the pregnancy is unplanned and unexpected. Some teenage pregnant girls may feel depressed, confused, scared and stressed whereas others pregnant teenagers are excited.

Some pregnant teenagers have feelings of shame, embarrassment, humiliation and losing trust from their parents (Svindseth & Crawford, 2019). Many of them feel that they have disappointed their parents. Pregnant teenagers expect to receive various forms of support from their teachers, to be allowed to attend school and to be healthy. They expect teachers to have sympathy with them.

2.6 CHAPTER SUMMARY

Teenage pregnancy has come under scrutiny during the past decade because of its disruption of the school career of the pregnant learner. In this chapter, a general overview of the prevalence of teenage pregnancy was presented, followed by a discussion of factors that contribute to teenage pregnancy. Furthermore, a discussion pertaining to the development of the adolescent, the theoretical developmental perspectives, as well as an overview of the factors influencing teenage pregnancy was presented.

In the next chapter, the researcher discusses the research design and methodological procedures employed in this study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous chapter focused on a literature review. The discussion also elaborated on the concepts that are pertinent to the study and the theoretical framework. This chapter discusses the research design and methodology. It also describes the setting of the study, research design and the methods and includes the research paradigm, the contextual description of the study population and sampling, data collection methods and instruments, data analysis; measures which were followed to ensure trustworthiness and ethical considerations as well as limitations of the study.

3.2 RESEARCH PARADIGM

This study was conducted within the interpretive research paradigm. As Bertram and Christiansen (2014) explain, a research paradigm is a worldview that reflects the researcher's view about the world. Thanh and Thanh (2015) add that paradigms assist researchers to discover reality through exploring and understanding the participants' views about the phenomenon being studied. Additionally, interpretivists hold that human life can be understood from within (Willis, 2007); social life is a social product and behaviour is affected by the social environment (Bourdieu, Coleman & Coleman, 2019). In this study, the interpretive paradigm was used to understand the experiences of teachers from their own perspective on teenage pregnancy. I viewed teachers' experiences as important because they deal with pregnant learners in their classrooms and schools. Using interpretivism as a paradigm assisted me to better understand the context. As a result, I gathered valuable information about teenage pregnancy amongst secondary school learners.

3.3 THE ROLE OF THE RESEARCHER

In qualitative research, the researcher is responsible for gathering data. The researcher enacted the following roles during the investigation. The researcher is considered as an instrument of information collection (Denzin & Lincoln, 2003). This implies that information is processed through a human instrument, instead of through inventories, surveys or machines. According to Greenbank (2003), a researcher

needs to identify the pertinent features of their personality, including any prejudices, expectations and preconceived ideas to avoid bias in conducting research. This means being conscious and attempting to address personal bias at each stage of the study.

I prepared for data collection by following necessary procedures such as applying for ethical consent, preparing consent letters, identifying participants and interviewing them. My role also included transcribing and analysing data and writing a research report.

3.4 RESEARCH APPROACH

The qualitative research design suits this study well. In line with McMillan and Schumacher (2010), the study sets out to discover the educators' perceptions, opinions and experiences with regard to the effects of teenage pregnancy.

According to Daher, Carre', Jaramillo, Olivares, & Tomicic (2017), qualitative research is concerned with understanding the meaning that the participants attach to a particular situation. Kitto, Chesters and Grbich (2008) assert that qualitative research involves the systematic collection, ordering, description and interpretation of data. Hammarberg, Kirkman and De Lacey (2016) add that such descriptions are generated from talks, observations and document analysis. Korstjens and Moser (2017) mention that theory guides qualitative researchers in studying phenomena within a natural setting. The natural setting of this study was four secondary schools in Mamelodi Township.

Qualitative inquiries are carried out by employing data collection methods which involve close contact and interaction between the researcher and the research participants in order to collect detailed, information-rich data (Snape & Spencer, 2003). In this study, I interacted closely with participants to collect rich data and, as Burns and Grove (2009) suggest, to allow participants to express their opinions. Although I used English, I allowed them to use other South African languages they felt comfortable with and clarify where it was applicable. Qualitative researchers encounter by utilising strategies that involve a cautious audit of inactive information sources found in archives and files (Mills & Birks, 2014). Additionally, a qualitative research approach was used as described by Basias and Pollalis (2018) to gain insights and

examine people's experiences in detail using different research methods of enquiry which will be discussed later in this study. According to Yin (2011), qualitative inquiry is a focused, deliberate strategy planned to create understanding of an unknown phenomenon.

One of the advantages of qualitative research methods is that they are typically flexible, and therefore permit adaptation of the interchange amongst the investigator and participants (Flick, 2011; Maxwell, 2012).

3.5 RESEARCH DESIGN

A research design refers to a set of methods and procedures used in collecting and analysing data (Merriam, 2009). As discussed in Chapter 1, this study used a case study which can be defined as an intensive study about a person, a group of people or a unit, which is aimed to generalise over several units (Gustafsson, 2017). Creswell (2008) further mentions that a case study research design deals with a case that provides insight into an issue with the purpose of making it easy to understand. A single case study research design was used for this study to gain insight the perceptions and experiences of teachers on teenage pregnancy in secondary schools. According to Yin (2013), a case study is an experimental investigation that explores an existing phenomenon and background that are not clearly evident, gathering data that need to be collected. Merriam (2009) describes a case study as an in-depth, holistic description and explanation of phenomena with abounded context. On the other hand, McMillan and Schumacher (2010) emphasise that case study research is about in-depth examination of a bounded system over time, utilising different sources of information found within the setting.

Case study was used to gain understanding of the situation from the meanings of the participants involved. The case study method has the advantage of permitting unused thoughts and theory to rise from cautious and thorough the research. In this study it assisted in elucidating how teachers thought about teenage pregnancy. This was evident in the perceptions. This study is a single case study as it explores the experiences of secondary teachers. The boundedness of this case is schools within the Tshwane South District.

3.6 POPULATION AND SAMPLING

According to Polit and Beck (2012), sampling is a collection of people from a population. According to Bertram and Christiansen (2014), it includes decision-making about which people, settings, events or behaviours should be included in the study. In this study, purposive non-probability sampling approach was selected. Michael (2012) describes a sample as a subset of the population from which generalisations are made about the population or a portion of the population. The population in this study included all teachers in schools in the Tshwane South District. The sample in this study comprised teachers chosen from four secondary schools in District, Mamelodi, in the Tshwane South District of the Gauteng Education Department.

This form of sampling is considered suitable for qualitative research, as it guides the researcher in choosing the participants from whom a substantial amount of information may be obtained (Obiakor, Bakken & Rotatori, 2010). The criteria for selecting participants was discussed in Chapter 1 (See 1.6.4). Participants were considered as rich informants. In line with De Vos, Strydom, Fouché and Delpont (2011), I used purposive sampling to obtain first-hand information from participants on the research topic. Participants also had the opportunity to share their perceptions and experiences of teenage pregnancy. The participants' profile is presented in Table 3.3 below.

Table 3.1: Profile of participants

Participant and school	Age	Gender	Teaching Experience	Post Level	Roles and Responsibilities
School A					
Participant 1	32	F	8 years	1	Subject teacher, SBST member
Participant 2	26	F	4 years	1	Subject teachers
Participant 3	35	F	10 years	2	Principal of the school
Participant 4	45	F	19 years	1	SBST/ILST
Participant 5	52	M	27 years	4	Subject teacher
School B					
Participant 6	30	F	6 years	1	Deputy principal
Participants 7	44	F	20 years	2	Subject teacher
Participants 8	48	F	23 years	1	HoD
Participant 9	53	F	28 years	1	Teacher subject
Participant 10	51	F	26 years	1	Teacher

School C					
Participant 11	38	M	13 years	1	Subject teacher
Participant 12	45	M	19 years	2	Subject teacher
Participant 13	49	F	24 years	3	Subject teacher
Participant 14	53	M	28 years	1	Subject teachers
School D					
Participants 15	61	F	32 years	2	Subject teachers, HoD
Participants 16	58	F	29 years	1	Deputy principal of the school

3.7 RESEARCH SETTING

A research setting is described as an environment in which the research study takes place and can be a natural or controlled environment (Picardi & Masick, 2013). According to Burns and Grove (2009) a natural setting is the real-life environment without any changes made for the purpose of the study. According to Williams (2007), it is important that researchers described the setting of the research in which they are immersed. Klopper (2008) also mentions that designing a study helps researchers to plan and implement the study in a way that will help others to understand it. Reliability and validity of the instruments are crucial.

Four secondary public schools in Mamelodi location in the Gauteng Province were selected as sites for the study. Mamelodi is a township in Pretoria. Most people residing in this location are Blacks. The residential area consists of both formal and informal houses. According to the latest census conducted by Statistics South Africa (2011), the population of Mamelodi was 334 577. There are 16 public secondary schools and one private secondary school in the area. The view of Mamelodi and the map of Pretoria showing Mamelodi is presented in Figure 3.1 below.



Figure 3.2: A view of Mamelodi Source: (Sleeping-out.co.za, n.d.)



Figure 3.3: A map of Mamelodi Source: (Sleeping-out.co.za, n.d.)

3.8 CONTEXTUAL DESCRIPTION OF SCHOOLS

3.8.1 School A

School A is located in Mamelodi East, informally known as Lusaka. The area is surrounded by shacks and Reconstruction and Development Programme houses built by the government. There were 1 242 registered learners and 39 teachers in the school at the time of data collection. The African Languages offered in the school are

Sepedi and isiZulu. The language of teaching and learning (LOLT) is English. The school is classified as a Quintile 2 school which means it is a no-fee paying school.

3.8.2 School B

School B is situated in Mamelodi East. The area consists of relatively newly built houses and is called Mahube Valley. There is a business mall called MAMS MALL and there are taverns, informal shops called “spaza shops”, an open market and two primary schools. The school is classified as Quintile 1 which means it is a no-fee paying school. The school had 1 386 registered learners and 45 teachers. The African Languages offered in the school are Sepedi, XiTsonga and isiZulu. The LOLT is English.

3.8.3 School C

School C is based in Mamelodi East Extension 4. It is close to businesses, a university and liquor stores. It is an ordinary public school. The school had 1 409 registered learners and 44 teachers. It has only isiZulu- and Sepedi-speaking learners. The LOLT is English. It is classified as Quintile 4 school where the fees are low but it accommodates learner from the informal settlement. Thus, although it is in the area that looks well developed, most learners come from impoverished families.

3.8.4 School D

School D is in an urban area called Mamelodi 16 (Di16). It is surrounded by two primary school. It is a Quintile 3, non-fee paying, ordinary public school. The school had 1318 registered learners and 42 teachers at the time of data collection. It only had Sepedi-, XiTsonga-and isiZulu-speaking learners. The LOLT is English.

3.9 DATA COLLECTION METHODS

According to Stake (2010) and McMillan and Schumacher (2010) data collection is a concept defining strategies used to collect information to answer the research question. According to Rule and John (2011), data collection is a tool the researcher uses to collect information in order to answer the research questions. Semi-structured interviews were conducted with SMT members and teachers of secondary schools. The interviews lasted about 30 to 45 minutes. All interviews were audio-recorded with

the interviewees' permission and transcribed. Participants were given consent forms to participate to sign and return before interviews took place. Interviews were confidential. Other data collection methods used for this study were field notes and the perusal of recorded minutes of ILST meetings to obtain information pertaining to cases of teenage pregnant learners and how the teachers handled them.

3.9.1 Individual Interviews

This method of data collection provides an effective way of obtaining in-depth information (Corbin & Strauss, 2015). According to Flick (2011), the researcher poses questions or recommends topics for discussion with the participants. The participants' respond and follow-up prompts are used for clarification or to obtain more detail. The responses were audio-recorded using a smart phone voice recorder and the researcher took notes during the interviews.

Berg (2007) stated that to understand how the participants perceived and made sense of teenage pregnancy in terms of its influence on the learners' schooling, since the wording of the questions is adaptable, the level of linguistic can be balanced and the interviewer may make clarifications and include or erase probes to the interviewee (Berg, 2007). Semi-structured interviews enabled the researcher and participants to engage in a dialogue in which initial questions could be modified in the light of the participants' responses. The use of semi-structured interviews allowed greater flexibility. Smith and Osborn (2008) contend that this method of data collection tends to produce a rich data structured interview which needs one answer.

According to Smith and Osborn,(2008) researcher must be ready to test curiosity and important areas which were raised during the interviews. The participants were expects during interviews as open-ended questions were asked and interested to find out more on how secondary school teachers perceive teenage pregnancy and its impact. Open-ended questions helped participants to have an opportunity to share their experiences and perceptions on teenage pregnancy.

At the commencement of the interviews the researcher ensured that the participants were seated in a comfortable, favourable order. The interviews were conducted in English, but the participants were permitted to express themselves in their mother tongue when they might not discover a word in English. The researcher used an audio-

recorder to record the interviews in order to assist her not to be distracted by writing down everything that was being said. Furthermore, the recorded data could be replayed if needed during transcription of data. The discussion flowed because the interviewer did not have to write down the response to one question before moving on to the next question. The researcher gave feedback on the findings after interviews

The usage of individual interviews enabled the researcher to note down non-verbal signals. After conducting interviews, transcripts were prepared and discussed with the participants (teachers) from different schools for verification of content.

The following questions were asked:

- What are your experiences of teenage pregnancy in your school?
- What is it like to teach pregnant teenagers?
- In your view, what are the factors that cause teenage pregnancy amongst learners?
- How does teenage pregnancy influence the emotional and behaviour of teenage pregnant learners?
- What strategies do you use to support teenagers who are pregnant?
- What challenges do you encounter in supporting teenage pregnant learners?
- In your view, how can teenage pregnancy amongst be addressed in schools?

3.9.2 Field Notes

The field notes were used in this study to describe what was observed, including what O'Hanlon (2003) calls a portrayal of the setting or area, what takes place within that setting and what the participants say. The notes were taken when the researcher visited schools as some teachers in certain schools were postponing dates set for interviews, reporting they have to attend workshops. Sometimes the principals were out of the school, deputies were unable to assist. Field notes were used to help on sound recording and to describe the research process.

3.10 DATA ANALYSIS

Marshall and Rossman (2010) state that data analysis and interpretation in a qualitative research design is a plan used to look, discover and describe the relations and underlying themes in the data. For this reason, the researcher aims to attach

significance meaning to what was found, “making sense of the findings, offering explanations and drawing conclusions” (Patton, 2002:480).

All interviews were transcribed by the researcher and all field notes taken during data collection were recorded. Creswell (2009) suggests that data analysis should be conducted in steps starting with the specific details and leading to the general conclusions. McMillan and Schumacher (2010) supported that qualitative data analysis is the process of organising the data and identifying patterns and relationships among the categories.

Thematic data analysis was used to analyse data. According to Braun and Clarke (2006), thematic analysis involves identifying, analysing and reporting patterns (themes) within research data. Interpretation and synthesis refer to the stage in the research where the researcher integrates the data, either by relating the various individual answers to an existing theory or hypothesis, or by formulating a new hypothesis that would best account for the data (Mouton, 2012).

The data analysis procedure in the present study was done in two phases. The first phase involved the preliminary analysis. Transcripts of the semi-structured interviews together with the researcher’s notes were analysed in order to answer the research questions. The second phase was a synthesis of content and interpretive analysis.

The researcher read the transcribed individual interviews and coded each one with an individual identification number.

3.11 MEASURES TO ENSURE TRUSTWORTHINESS

De Vos, Strydom, Fouché and Delport (2011) describe trustworthiness as the truth value of the study. Babbie (2005) describes trustworthiness as a key guideline of great qualitative research, it is found in concept of reliability. Guba and Lincoln (1994) state that trustworthiness consists of four elements: credibility, conformability, transferability and dependability. It was critical to consider these criteria to ensure that the data collected was believable.

A number of major strategies are used for authenticating and verifying the results of qualitative analysis and make sure that reported research findings are trustworthy. Anderson (2017) states that verification is a two-stage process. Firstly, the

conclusions drawn from the information must be confirmed (verified) to ensure that they are genuine on the part of the researcher. One way in which this may be accomplished is for the researcher to provide an audit trail of what was done and how the conclusions were reached.

In this study, the researcher's supervisor was consulted to check the transcripts. Secondly, the supervisor validated the procedures used to reach the conclusions of research. Trustworthiness is discussed below in terms of its four essential elements: credibility, conformability, transferability and dependability.

3.11.1 Credibility

According to Babbie (2005), credibility means that the research reflects the realities that are in the thoughts of participants. Credibility was ensured by triangulation of information sources and approaches using lengthy engagement, critical discernment and voice-recording during individual discussions which were tested to reflect the participants' points of view precisely. According to Shenton (2004:66), "tactics to help ensure honesty in informants when contributing data" need to be put in place. The researcher explained the rights of the participants before asking them to sign a consent form, indicating that they had a right to pull out from the study if they felt the need to do so. In this study, some participants withdrew due to personal commitments.

According to Cope (2014), credibility is related to whether the information and themes gathered are accurate and a complete description of the phenomenon. A member check was valuable in deciding whether the themes were pertinent and correct according to the participants' perceptions and experiences of dealing with teenage pregnancy. Themes that surfaced were summarised for the participants at the conclusion of the semi-structured interviews. The use of audio-recordings supported the accuracy of the transcriptions of the semi-structured interviews.

3.11.2 Conformability

Cope (2014) states conformability means that the results are the product of the focus of the enquiry and are not based on the preconceptions of the researcher. Conformability aims to guarantee that the data shared by the participants is not the

subjective interpretation of the researcher. Notes concerning themes were made after the semi-structured interviews which, in turn, were compared to the data from the interviews.

3.11.3 Dependability

According to Yin (2013), dependability is the third prerequisite of trustworthiness, and incorporates consistency on the part of the researcher in using the chosen methods. Babbie (2005) further mentions that dependability is an enquiry that must convey its listeners with evidence of the event that if it were to be frequent or comparable participants in the same or comparable settings, its finding will be the same. The documentation of semi-structured interviews, findings, interpretations and reference is reinforced by preceding research voice recording and personal reflection by the researcher to ensure that the methods were applied consistently.

3.11.4 Transferability

Lincoln and Guba (2013) stated that transferability matches the “external validity criterion of positivism”. Babbie and Mouton (2001) state that transferability shows whether the research findings and conclusions of a particular study can be applied to other contexts and with other participants. This is supported by Shenton (2004) who stresses that “the findings of qualitative project are specific to small number of particular environments and individuals; it is impossible to demonstrate the findings and conclusion are applicable to other situations and populations”. In this study, the use of purposive sampling was to select participants with the aim of “reducing the variety of in-depth information that can be obtained from the context” (Babbie & Mouton, 2001). Purposive sampling contributed to ensuring that participants are knowledgeable about the research topic.

3.12 ETHICAL CONSIDERATIONS

Miller, Birch, Mauthner and Jessop (2012) contend that ethical choices emerge through the whole inquiry on how to plan information gathering and information examination. The researcher remains responsible for the moral quality of the study and must guarantee that the enquiry is conducted in a morally sound way.

In this study, the researcher followed the correct procedure to maintain ethical clearance. Prior to the study the researcher applied for ethical clearance from the Research Ethics Committee of the College of Education of Unisa (Appendix A).

3.12.1 Permission

The researcher obtained permission from the GDE to conduct this study (Appendix C). Letters were sent to the principal and the School Governing Body (SGB) of the school from the four participating schools (Appendix D). Consent form were received from teachers who voluntarily wanted to participate in the study (Appendix E and F). Furthermore, permission for the perusal of documents was given by the principals of the schools (Appendix E), which enabled the researcher to establish the rate of teenage pregnancy at the schools and to obtain insight into how these cases are managed.

3.12.2 Confidentiality

The protection of the participants' identity is needed to ensure their welfare and wellbeing. Hence, it is imperative that the researcher takes all the necessary steps to ensure the confidentiality of the participants, because it is the main protection against undesirable consequences. Schenk and Williamson (2005) state that the participants' individual information must be secured. For the purpose of this study, confidentiality was discussed with the research participants prior to the interviews being conducted. Their anonymity was maintained by making use of pseudonyms, not using identifying details and protecting the data on the researcher's computer with a password.

This study was delayed due to unexpected circumstances. This taught the researcher to be strong and have patience when working with diverse people.

3.12.3 Informed Consent

The research participants were secondary school teachers and SMT members. The researcher clarified the investigation and ethical procedures to participants. In this study, participating was completely voluntary and participants were made aware of their right to refuse or withdraw from the study at any time. They were asked to sign an informed consent form.

3.13 REPORTING AND DISSEMINATION OF THE FINDINGS

In research, it is essential that the researchers adhere to the highest ethical standards. Accurate data are of cardinal importance in any research, particularly from an ethical point of view. Therefore, above all, the researcher must guard against the distortion of the outcomes, as well as providing a misleading analysis of data (Babbie & Mouton, 2001). Through member checking, the participants were given the opportunity to enhance, alter or erase whatsoever information they did not agree with before the analysis was presented in the report.

3.13.1 Competence

In the context of research, competence refers to a researcher's strict adherence to ethical guidelines throughout the entire procedure. It is a critical requirement that researchers ensure that they are capable of conducting the intended investigation. The role of the researcher needs to be clear to all participants.

It is imperative for researchers to ensure professional conduct is maintained throughout the investigation. Furthermore, researchers must remain within the limits of their study and make arrangements for specialists to be available for support of the participants should the need arise (Ramulumo, 2015). The researcher asked the school psychologists to be available if necessary.

3.14 LIMITATIONS OF STUDY

Merriam (2009) advises researchers to be conscious that their participation in the research could be a limitation. According to Denzin and Lincoln (2011:21), behind each step of the research process "...stands the personal biography of the researcher, who speaks from a particular class, gender, racial, cultural and ethnic community perspective". Initially, research bias happens if the investigator searches for information that supports their own point of view. The second form is that participants may provide information that they think the researcher wants and so they tailor their responses accordingly. The small sample that was used in this study may be considered another constraint to the study.

The research focused on teachers only as participants, and learners were not part of the study. The study was limited to the teachers of Tshwane South D4 in Mamelodi.

The participants were limited as only four secondary schools only were sampled, so the findings cannot be generalised to Gauteng Province. Purposive sampling used to select participants could also be biased. The procedure for this research was time consuming as the process was long and there were several delays.

3.15 CHAPTER SUMMARY

This chapter provided an overview of the research design and methods that were followed. Furthermore, the chapter described the methods used for the collection, analysis, interpretation and verification of the data. In addition, the ethical considerations relating to the study processes of this study were highlighted. The next chapter presents the data analysis and the findings.

**CHAPTER 4:
DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF FINDINGS**

4.1 INTRODUCTION

The focus of the previous chapter was on discussing the research methodology that guided the study. In this chapter, data, analysis and findings substantiated with literature will be discussed and augmented by examples from the selected extracts from the interview transcriptions. The emerging themes and sub-themes are also discussed in detail. The transcripts of the interview are captured verbatim.

The analysis is presented in the next section and the themes and sub-themes which were identified are discussed. Codes are used to identify participants with whom the researcher had individual interviews.

4.2 THE PRESENTATION AND ANALYSIS OF DATA

Table 4.1 shows the coding used for participants in the study

Table 4.1: Key Indicators for representing analysis

<p>Key of abbreviations</p> <p>P: Participants</p> <p>P1-P16: Individual interviews</p> <p>For example: Individual Interviews</p> <p>School A</p> <p>P1-P5: refers to: Participant 1-5</p> <p>For example</p> <p>P1 represent participant 1</p> <p>School B</p> <p>P6-P10: refers to: Participant 6-10</p> <p>School C</p> <p>P11-13: refers to: Participant 11-13</p> <p>School D</p> <p>P15-16 refers to: Participant 15-16</p>
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Table 4.2 below indicates themes and sub-themes that were generated from the data.

Table 4.2: Identified themes and sub-themes

THEMES	SUB-THEMES
Influence of teenage pregnancy and school performance	School attendance during pregnancy Poor learner performance during pregnancy
Factors that causes Teenage pregnancy	Poverty Peer pressure Lack of parental involvement and guidance Social network and media Substance abuse and alcohol
Challenges in supporting pregnant learners	Lack of training and resources Frustration for implementing policy Poor relationships between teachers and pregnant learners Lack of competencies in reproductive related matters
Strategies used for supporting pregnant learners	School-based programmes based on prevention for teenage pregnancy. Understanding of department policy
Views on how to address teenage pregnancy	Supporting learners through empathy and motivation

The five major themes that emerged from individual interviews are: influence of teenage pregnancy and school performance; factors that causes teenage pregnancy, strategies used for supporting pregnant learners and challenges in supporting pregnant learners. Each theme had sub-themes as illustrated in Table 4.2 which are discussed below.

4.2.1 Theme 1: Teenage Pregnancy and School Performance

This study revealed that teenage pregnancy is still a huge challenge, because many secondary school learners fall pregnant while at school. Participants mentioned that teenage pregnancy contributes to poor school attendance, affects learning and

learners become less successful in other school activities. Each sub-theme is discussed below with selected verbatim extracts from the interviews.

4.2.1.1 Sub-theme 1: Poor school attendance during pregnancy

The study revealed that school attendance during pregnancy is a challenge and it affects teaching and learning. Participants complained that pregnant learners are often absent from school. This is because learners are often sick and must attend antenatal consultations and neonatal clinics.

To express their views on this theme, they said:

P1: Teenage pregnancy is prevalent, the rate in which young girls are conceiving is alarming and no longer shocking, and it is unpalatable to the ears of right-thinking members of the society. I believe it affects learners, because they do not attend regularly and do not submit work or either they submit late.

P5: I am very much concerned with their poor attendance and that they don't do school class/homework and most of the time they are absent from school.

P8: The biggest challenge we have in schools as teachers is the highest rate of absenteeism by teenagers who are pregnant, as they'll report they are not feeling well in most of the time.

P9: Some pregnant teenagers that I have observed they do attend regularly especially those classes that I teach. Eh!... I think, apparently maybe it is because of the legislation that allows them to go to school even if they are pregnant.

P10: Most teenage pregnant learners do attend in the early stages (first trimester) but in the third trimester of pregnancy they stay home for a longer period as they are ready to give birth.

P11: Attendance is not guaranteed on my side, it is a yes or no, as they sometimes come and sometimes do not come due to pregnancy-related sickness and attendance of antenatal check-ups.

P14: Majority of pregnant teenagers do not attend regularly some come to school reason being that they want to continue with their studies even if it is hard for them.

It might be possible that they want school because they fell pregnant unaware or because of lack of knowledge.

P16: Yah..... You know there are some learners who are enthusiastic and willing to learn, even if they are pregnant. They attend regularly and as a teacher, I cannot single them out and I can't say because you are pregnant don't come to school or stay out of my class; I just understand it's a condition and it will pass. It is their rights to attend school.

From the theme and the sub-themes, I gathered that teenage pregnancy is still escalating and has a negative effect on school attendance. The observation confirms the views of Nkosi and Pretorius (2019) who mentioned that irregular school attendance and poor school performance during and after pregnancy often lead to the girls dropping out of school. Malahlela and Chireshe (2013) also found that pregnant learners tended to be absent from school on consistent basis. On the other hand, Gyan (2013) revealed that teenage pregnancy can be a cause as well as an effect of school dropout.

4.2.1.2 Sub-theme 2: Learners performance during pregnancy

The participants mentioned that the level of performance of learners deteriorates after falling pregnant. The study further revealed that absenteeism is influenced on pregnancy-related sickness and fatigue, especially in the last trimester, and this affected teaching and learning. The participants complained that poor attendance was regarded as the cause of poor performance. Some learners were shy and absented themselves from school, because they did not want other people to see that they were pregnant. Participants expressed their views as follows:

P3: Pregnant teenagers' performance is very weak, due to absenteeism and lack of time to study as they are sometimes sick and tired. Some lesson taught in class they might not be able to understand them when studying by themselves.

P4: Teenage pregnant learners are shy when at school and will absent themselves to school. Their performance also drops because of poor attendance and pregnant related illness that affects them.

P7: I regard absenteeism of pregnant learners as a truant behaviour which negatively affects the performance of learners. When you are absent what will you learn at home? Obviously, you will be left behind.

P8: This poor attendance affects the studies of the pregnant teenager. As we play parental role we must also encourage them to come to school and to study.

P11: Really, It is very tough for us as teachers; this absenteeism of learners who are pregnant is annoying. We are unable to control this, as it is a situation that disturbs and disrupt lessons and learners' performance. It affects us as teachers because learner's stays behind with their schoolwork.

P14: Teenage pregnancy is still in a rise especially in Gauteng, which affects learners. I'm very much concerned with their poor attendance which lead to poor performance, they don't do schoolwork and most of the time they are absent from school even if the policy requires them to attend school.

From the above statements, one can conclude that learner performance is affected negatively during teenage pregnancy. The study by Malahlela and Chireshe (2013). revealed that teenage pregnancy has a negative consequence on the school attendance, academic performance, emotional behaviour and relationships between pregnant teenagers, their peers and teachers.

The literature reveals that poor attendance can be associated with deterioration of learner performance. Hence, the study by Du Preez, Botha, Rabie and Manyathi (2019) revealed that teachers' experiences of having pregnant learners in their classrooms are negative as these learners are frequently absent from school, perform badly and drop out of school. The study further revealed that irregular school attendance affects the completion of schoolwork which might lead to poor performance.

4.2.2 Theme 2: Factors that cause Teenage Pregnancy

The participants mentioned that there were many factors that contributed to teenage pregnancy. Participants perceived that such factors made teaching difficult and it was hard to maintain standards. I gathered that some experienced the DBE policy on teenage pregnancy to be tough; as a result, they had contemplated resigning from the

teaching profession. The following sub-themes were identified as contributing factors to teenage pregnancy: poverty, peer pressure, social networks and media, lack of resources and training, lack of parental involvement and guidance, and substance and alcohol abuse .

4.2.2.1 Sub-theme 1: Poverty

This study found that poverty is a contributing factor to teenage pregnancy. Participant mentioned that most learners who fell pregnant are from a poor background. Furthermore, some teachers asked about the background of the learner's families, and found that no one was working in some of the families. Hence, learners relied on their grandparents' pensions or social grant. In certain instances, pregnant teenagers came from child-headed families and were also responsible for taking care of younger siblings. The study also revealed that some teenage girls had multiple pregnancies while attending secondary school. Therefore, it became difficult to provide for themselves and the children. Participants revealed that lack of finance compelled some teenagers to engage in sex and fall pregnant.

Participants expressed their views as follows:

P5: Teenage pregnancy is caused by poverty. That one I know because if you are hungry you can just risk yourself in dangerous activities with your body, just to have food on the table.

P7: Poverty is the main cause I believe, because most of our community members are unemployed so this leads to higher rate of teenage pregnancy.

P9: To my observation, I can tell that the influence of teenage pregnancy might be: peer pressure, poverty, culture, lack of condoms, parental involvement, orphans.

P11: I think it might be socioeconomic factors, peer pressure, culture and poverty. Poverty is the main challenge to teenagers.

P12: Poverty leads to teenage pregnancy, because some teenagers fall pregnant just to get the child support grant. They want this grant to be able to take care of the family like buying food and clothes.

P15: Some teenagers indulge in sexual activities for only one reason, survival and security reasons only.

P16: The more they are hungry, they indulge in sexual activities, the higher the rate of teenage pregnancy.

From the above, one can conclude that poverty influences teenage pregnancy. As indicated in the background of this study, many teenagers were shown to be orphans, with some lacking appropriate shelter or food. The literature in Chapter 2 (see 2.8.5) reveals that poverty and unemployment affect families negatively which may lead to teenage pregnancy. Hence, Mfono (2008) (Ch 2, see 2.8.5) mentions that the situation influences some teenager to start having relationships with married men who are working, so that they provide for their needs. My view as a researcher is that poverty negatively affects the pregnant teenager at all levels within Bronfenbrenner's bio-ecological system: micro-systemic (family home), meso-systemic (parent teachers meeting hampered by absent working parents) and macro-systemic (lack of community resources). In addition, teenage pregnancy can be linked with poverty in that it is prevalent in poverty-stricken communities. Communities that are poverty-stricken have a high number of pregnant teenagers who may exchange sexual favours for money to support themselves. Thus, this study supports the views of Omozusi and Moyosore (2016) and Kanku and Mash (2010) (Ch 2, see 2.6) regarding the exchange of sexual favours for money.

4.2.2.2 Sub-theme 2: Peer pressure

Participants mentioned that peer pressure is another factor that contributes to teenage pregnancy. Participants revealed that teenagers prefer and believe in things told by friends and also that peers tend to encourage one another when they are pregnant and likes to copy from each another. In Chapter 2 (see 2.8.2), peer pressure was discussed as a factor that contributes towards teenage pregnancy. The participants' views were as follows:

P3: I think causes of teenage pregnancy are influenced by peer pressure. When they are pregnant, they also tend to encourage others to join them. If you don't join them, they start giving you names like a "barren." If you are not strong, you will feel bad and decide to fall pregnant. Peers are influential themselves.

P4: *Peer pressure is another contributing factor that leads to teenage pregnancy. I think learners are copying from one another, because when one is pregnant in a group of friends, later on, the other one follows. It's like they are competing.*

P7: *I wish they learn not to trust and believe their friends; they are influential because they can force you to indulge in sex with a man for their own benefit. ... You know these girls use their friends to benefit themselves (laughing). For example, when they go to taverns if they see that an older man is interested in one of their friends, they will encourage her to be in a relationship with the man so that the man can buy anything they want on that day, for example liquor and food. These girls are dangerous and can cause trouble.*

P12: *I can say peer pressure affects teenagers in schools. Peer pressure is regarded a serious factor it plays a very significant role (Participant looking concerned) because if your friends does it and you do not then they call you different names like Hhashu (tsotsi taal local language meaning unwise). It's sad because the teenagers please their peers to ensure they fit in the group. It's a one size fits all thing.*

P15: *To our children, pregnancy is a virus that cannot be treated easily. Friends don't give good advice. They give wrong information on sexual matters.*

I understand the statement to mean that teenage pregnancy is influenced by peer pressure. The findings confirms the views of Hammer, Rao and Banegas and Ramathuba and Maseslesele (2013) (2010) who mention that peer pressure can influence teenage pregnancy.

4.2.2.3 Sub-theme 3: Lack of parental involvement and guidance

The participants mentioned that lack of parental involvement and guidance is a very serious concern. They also linked it to poor communication. Participants further mentioned that parents do not talk or guide their teenagers on sexual matters. They added that most parents are working far from home, so they cannot properly guide and monitor their children as discussed in Chapter 2 (see 2.6.1.3)

Participants expressed their views as follows:

P2: *I think most of our children are orphans and they become responsible to head their families, so it is obvious that they need money as they are not employed. They start having affairs with married man, sell their bodies for money, food and shelter rental. This might be one of the influences for learners to fall pregnant'.*

P3: *Yes, lack of parental involvement is that, parents are shy to talk to children about sex and pregnancies maybe reasons based on their culture. The parents staying far from home due to work related matters can also be the cause of teenage pregnancy.*

P9: *Yooooo! (amazed) Teenage pregnancy is escalating as it is now authorised at school most teenagers that fall pregnant are those without parents and without guidance from home*

P10: *Eeh..... If teenagers lack parental guidance, they engage in sexual activity which leads to teenage pregnancy. To avoid teenage pregnancy on learners with or without parents they need to be educated and supported on teenage pregnancy. Lack of parental involvement, guidance and communication between children and parents is a contributing factor.*

P12: *Sometimes these teenagers are child-headed families and their parents are working far from home. No one will be home to assist them to take care of the child and it leads to poor attendance.*

P13: *It is a disadvantage for parents to work far from home as learners do as they wish, and no one will supervise them. Some live in child-headed homes. Therefore, during their parent's absentia, they feel they are adults and that they can allow boyfriends to sleep at their homes or sleep around as parents are not there.*

P15: *Uh! Most learners fall pregnant at a very young age the reasons, might be that, most parents are working far from home, are orphans, poverty, family pressure, social networking, exposure to sex material (porno), alcohol and drug abuse and just to experience.*

Parental guidance is an essential part of keeping teenage girls from becoming pregnant. In line with the views of participants, children rely on parents to teach those values and morals that will help them to face life throughout their life time.

Furthermore Nurlaela (2013) stresses that parents must teach children the difference between right and wrong every day in their lives. For these reasons, Breuner and Mattson (2016) supports this view and mention that teaching children about sexuality prepares children to know and to make good decisions. Most parents do not want to talk about this sexual matter to their teenagers. Some parents felt it is a taboo to talk to young children on sexual matters. This is also confirmed by Nambambi and Mufune (2011) who mention that talking about sexuality-related issues is traditionally regarded as taboo in many African cultures. On the other hand, Makiwane (2010) mentioned another worrying factor of religion that in some churches and communities, sexual education is forbidden which might lead to ignorance on matters related to sexuality and public disclosure.

A study by Ncube (2009) found that teenage pregnancy is very high in child-headed families due to lack of parental guidance and supervision. Most parents do not enlighten their teenagers the numerous changes in their body that indicates the beginning of adolescence and what it requires. Thobejane (2015) mentions that teenage pregnancy is influenced by parents who fail to provide love and affection for their children.

4.2.2.4 Sub-theme 4: Social networking and Media

The participants in this study blamed technology and its wrong usage by their children and wished it was not there. They said that parents buy cell phones to assist their children when doing homework especially research topics, but they are wrongly used. Televisions also show naked people or couple having sex. This is a big challenge of televisions as it contribute by educating our children to have sex at a very young age.

Participants expressed their views as follows:

P6: This is another challenge called media...tjerrrrrr! Angisoze! Umhlolo lo!(meaning, I have never experienced such things it's disgusting) for example newspapers, televisions and this social media also contribute a lot. For my side I will never ever buy cell phone for my child, because it has bad influence on children. Learners are using cell phones, watch sexual videos on their phones and they are interested in practising what they see and indulge in sex which leads to unplanned teenage pregnancy.

P9: Television! (look very sad) The images we see on TV are a disgust and very bad for our children, they want to copy naked people they have seen on TV. South African Broadcasting Corporation (SABC) must stop all these bad, silly images.

P12: These learners can't even concentrate in class because most schools have free wi-fi which was supposed to be used for educational purposes but these learners use it in a wrong way for silly things. That's when they copy those bad images and videos.

P16: The other thing about social media is that adolescents who are exposed to sexuality in the media are also more likely to engage in sexual activities.

I understand the above to mean that televisions, newspapers, magazines and cell phones are contributing factors to high level of teenage pregnancy as it gives teenagers access to pornography, sexual or adult programmes.

In a study by Moliko (2010) mentioned that television, magazines and newspapers are full of stories and pictures on sex and there are lots of sex talks amongst teenagers. Therefore, such media leads teenagers to admire different behaviours while watching television and reading magazines. They imitate some of this behaviour from the peers portrayed in the media. The participants' perceptions and experiences expressed in this sub-theme confirms that the Digital Resource Humanities and Arts exhibition in 2014 which reported that television screen displays 26% of explicit sex scenes. This proves that more young people are exposed to television programmes which show too much sex scene which may lead to teenage pregnancy. Collins, Martino and Shaw (2011) revealed that teenagers spent most of their time in different media such as television content, music/audio, and computers video games searching the internet which might expose them to sexual activities. Similarly, a study by Livingstone (2008) found that social media and social networking sites allow self-expression, intimacy, and privacy for adolescents which may encourage teenagers to indulge in sexual activities.

4.2.2.5 Sub-theme 5: Substance Abuse and alcohol

Participants felt that some teenage girls become pregnant as they were abusing substances and drugs such as nyaope (a mixture of dagga and heroin) and alcohol. They noted that such drugs are easily available as there are many taverns (A tavern

is a place of business where people gather to drink alcoholic beverages and be served food, and in most cases, where travellers receive lodging) nearby schools in the township.

The participant's response to the theme are as follows:

P4: I can say most teenagers are affected because of using alcohol. They are allowed to enjoy in taverns where they drink alcohol and get drunk. After being drunk they end up sleeping at their boyfriends which leads to pregnancy.

P8: In most taverns there are no age restriction so this lead them to entertain themselves in a wrong way.

P12: Alcohol is not good at all after drinking you feel weak and be a very slow thinker and do things that you will blame yourself tomorrow.

P16: I do understand how substance abuse and alcohol influence teenage pregnancy. According to my observation the use of alcohol and drugs is common among adolescents and very influential. Teenagers or adolescents use drugs and alcohol when attending a party after the party they indulge in unprotected sex with casual partners. This is how they fall pregnant as they are not clear-headed prepared and not aware on what they are doing.

Heil, Jones, Arria, Kaltenbach, Coyle, Fischer, Stine, Selby and Martin (2011) revealed that unintended pregnancies are higher among women who abuse substances. This is supported by Adolescent Substance Use (2011) which revealed that teenagers who are likely to be sexually active use alcohol and drugs which leads to unplanned teenage pregnancy due to risky sexual behaviour.

4.2.3 Theme 3: Challenges in supporting Pregnant Learners

4.2.3.1 Sub-theme 1: Lack of resources and training

Participants complained about lack of resources to support teenage pregnant learners. Many teachers report that a lack of resources to care for teenage pregnant learners in schools is a hindrance that causes difficulty to support teenage pregnancy no matter what the policy says. Participants grumbled that they were not trained to deal with pregnant learners in schools. It turns out to be difficult for them to help the pregnant

learners. What they try to do is that, they share ideas and learn by experience in most cases. Teachers need to be supported to be able to care for inclusion of pregnant learners.

The participants mentioned the following:

P1: It is so bad for us. Unfortunately,eh..... we need training as majority of us were not trained. I think it is one of our challenges that we have as teachers in schools, you only find that only one teacher or all Life Orientation teachers attended that mini workshop and that teacher cannot be able to manage the bigger classes that we have in our school.

P4: Eish! I feel it is not conducive to teach a pregnant learner, but as teachers we don't have a choice, learners have a right to basic education, therefore teacher's responsibility is to teach. It is also not right to discriminate them, it is against the Constitution of South Africa and the SASA Act 84 of 1996 (South African School Act); therefore, we are forced to understand their situations as we play the role of "in loco parentis"(taking a role as parent). ... Teachers are frustrated as lack of training is regarded as the lack of clear policy and guidelines as to how to handle pregnancies in schools. And the guidelines changes at any time and teachers are not informed about the changes.

P5: You know mmmm...it frustrates teachers as we are not trained. The only thing that we do most teachers, we must just ask each other what to do if things are like this. Then we just pick the one that suits us as an option. We implement it during our lessons. P11 said: My idea as an experienced teacher who taught most pregnant learners, I can say eh... Lack of training and resources is the main hindrance to support teenage pregnant learners, as most of the teachers are not yet trained

P7: The class situation is not that conducive for some learners, even the pregnant learners themselves are affected. The pregnant learners may be injured or become sick in class, how will the teachers assist, as we are not yet trained on how to deal with such aspects. P11 said: The lack of training is the only problem that most teachers are facing, and this is real

P9: *Oh! Yah.... The challenge is the lack of training is the main concern I can say. What if the pregnant learner becomes sick while at school, how are we going to assist the child?*

P10: *Eh.....In short, I can say there is no comfort in normal schools. Pregnant or not pregnant same furniture will be used. The government must ensure that the schools have suitable furniture to accommodate pregnant learners.*

P14: *Yes, it is not conducive at all to teach in such classes. The legislation says they must attend it is their right to learn, but sometimes it is so difficult especially this absenteeism affect education seriously.*

P15: *The sitting places in class are not conducive for pregnant learners. They are unable to sit comfortable because of poor furniture not accommodating them. The sitting posture might affect their back as well and may also lead to absenteeism.*

P16: *Yes, I can say it's challenging; if we don't have resources needed like lack of training to assist pregnant learners.*

Participants mentioned that they experience various challenges for supporting pregnant learners. A lack of proper training is a serious challenge for educators, because it reduces their confidence in delivering the Life Orientation curriculum. This is supported by the study of Francis (2012) who revealed that educators fail to deliver effective sexual education because they are given script to read and they are told not to deviate from script. In another study by Barmao-Kiptanui, Kindiki and Lelan (2015), it was revealed that lack of resources might also force girls to become involved in sexual activities in an effort to get material needs and food.

4.2.3.2 Sub-theme 2: Frustration for implementing policy

Participants mentioned that teenage pregnancy is a cause for concern for some teachers; they have challenges with the inclusion of pregnant teenagers who are always on the increase in falling pregnant, because the Department of Education has left the burden of responsibility in the hands of the teachers. They further mentioned that there are no nurses that are adopted for schools, to assist the school should a learner go into labour pain.

The participants replied as follows:

P3: *This policy is not that good as teachers are not yet trained but it is implemented.*

P5: *I am not happy at all concerning this policy as it encourages learners to attend school even if they are pregnant, but we do not have skill as teachers to help the pregnant teenager. This might motivate other learners to imitate the wrong things like falling pregnant. We don't have standby nurses to assist us. The Department of Education left everything to school SMT and teachers. This is a serious burden to us as teachers.*

P10: *Teachers who are trained on how to support teenage pregnant learners are usually the SBST and the Life Orientation teachers, other teachers end up not getting enough information and feedback from colleagues who attended the workshop. The training is also not enough, it is held during the week from 14h30 to 16h00 and only one must represent the school, as a result there is a gap between mediation of policy and implementation thereof.*

P13: *I do understand that policy is also a cause for concern as most teachers have a challenge in dealing with teenage pregnancy as inclusion in the schools, as the policy is not clear and understood due to lack of training and clarity on the policy.*

P14: *They sometimes experience labour pains and ready to give birth of which after birth they stay home for more days before returning to school.*

Participants mentioned that they experience challenges with the implementation of policy even though they are expected to do so. According to the Department of Education Policy and Measures for the Prevention and Management of Learner Pregnancy (2007), the Provincial Education Department must provide every school with a copy of this measure, for compliance, teachers to be equipped with skill and knowledge on how to deal with teenage pregnancy. According to Equal Education Law centre 2018 section 27 the challenges of integrated school health policy were identified as lack of communication, lack of clarity and roles on responsibility, shortage of staff, lack of transport and lack of monitoring and support. Given above the challenges it is clear that there are still areas from the policy that need to be taken into consideration.

4.2.3.3 Sub-theme 3: Poor relationships between teachers and teenage pregnant learners

The participants mentioned that some young teens inspired negative attitudes towards school and the school experts, which led to disciplinary problems; they further mentioned that pregnant teenagers are generally aggressive and suffer from inferiority complexes.

The participants responded as follows to the sub-theme:

P1: Those learners lack self- esteem they don't want to participate in class, they cry when you correct or encourage them.

P6: Pregnant teenagers are emotional and sensitive about everything.

P8: They are always emotional when you talk to them, they think you are attacking them.

P11: The relationship is not that good. I personally, I'm not new in this field, it affects me as well because I'm unable to conduct teaching in class. It is so destructive. These teenage pregnant learners fall asleep and are unable to concentrate during teaching and learning. This makes me furious mxm!.....

P13: I do understand that most pregnant teenagers tend to have short temper. The relationship is always not good as everyone needs to be respected, for example: pregnant learners tend to sleep during teaching and learning and not doing schoolwork or submitting on time, this makes teachers feel they are not respected.

P14: Pregnant learners are always emotionally they sometimes cry when you try to discipline them in class. This is a problem for us as teachers as we end up not knowing what to do.

Participants mentioned that working with pregnant teenagers is difficult. This statement is supported by Mpanza and Nzima (2010) who revealed that most of the teachers are not willing to allow pregnant learners to continue attending lessons with the belief that they are not adequately equipped to meet the health needs of pregnant learners. Malahlela and Chireshe (2013) mentioned that secondary school pregnancy destructively interrupts the emotional conduct of pregnant and mothering teenagers

as they experience stigmatisation, hormonal imbalances and mood swings which include a withdrawal disorder.

4.2.3.4 Sub- theme 4: Lack of competencies in reproductive related matters

The participants mentioned that they feel like they are less knowledgeable on how to deal with reproductive health issues. Such issues stressed the importance of the father coaching the son and the mother coaching the daughter, giving special attention to the gender issues that might arise such as gender superiority, violence against girls and the stigma attached to girls who are pregnant.

The participants responded as follows:

P2 said: For my side (smiling while nagging his head) I feel it is very risky to have teenagers who are pregnant in my class. According to me, if I was the government they were not supposed to be allowed back to school, because it also gives wrong message to other teenage learners. How will we eliminate teenage pregnancy, while we treat it as a special thing by accommodating such learners? Don't we think we make it worse? And most learners will think it is the right thing to do. ... The teenage pregnant learners when they come to school they drag their feet as if they are forced to attend school (time wasters), sleep in class while you are teaching. It worries teachers because their performance is very poor.

P4: I am not happy at all that when I teach the student and she is asleep in class. I take initiatives to prepare my lessons thoroughly, because I don't want them to be bored in class. I always ensure that my teaching is also learner involved for them to participate and understand. So, if they fall asleep I become angry and shout at them reason being that I'm worried about their future, and that our school produce goods results every year, so sleepy student will affect our results to deteriorate. And it will also destroy my identity as a good effective teacher and that of the school.

P7: Uh.... I feel bad in the sense that some of them are risky they don't tell parents if they are pregnant and we as teachers are unable to identify them sometimes at an early stage. Parents will only recognise them when the results deteriorate each term.

P9: *I'm not happy to teach teenage pregnant learners, but it is their constitutional right to learn. And if they don't tell anyone they are secretive then it shows behavioural changes.*

P11: *The relationship is not that good. I personally, I'm new in this field, so I wasn't trained to teach such learners, it affects me as well because I'm unable to conduct teaching in class. It is so destructive. These teenage pregnant learners fall asleep and are unable to concentrate during teaching and learning.*

P13: *Eish! Yah.....! This thing of teenage pregnancy disturbs our lessons to be interesting. We are afraid to give examples thinking we might say wrong things. Another thing is that during discussion we must select and give learners topic of our own choice to discuss in class, in the sense that we avoid hurting other teenage pregnant learners.*

P16: *Some teachers become angry because they teach them, being angry not because they want to. They find themselves in a situation that they feel it's a burden especially in our school as you find that learners are from poor families and we must be responsible. It is something that you can't ignore as a mother and a teacher.*

I understand that teachers feel uncomfortable and frustrated to teach and have learners who are pregnant in their classes because it affects teaching and learning. Most teachers feel they are not well trained to give support to learners emotionally and physically. The statement above is supported by Khoza (2004), on a study about *adolescents' knowledge, beliefs and experiences regarding sexual practices* who mentioned that teenage pregnancies happen due to insufficient knowledge about the repercussions thereof. Pregnant learners' behaviour at school are always moody, need special attention and need to be cared for, while the teachers are not trained for taking care of teenage pregnant learners.

4.2.4 Theme 4: Strategies used for Supporting Pregnant Learners

Participants mentioned that they are affected by teenage pregnancy in the society, and further mentioned that it can only be reduced by making teenagers aware of the importance of education and their future, so they do not fall pregnant at a very young age.

4.2.4.1 Sub-theme 1: School-based support programmes based on prevention for teenage pregnancy

The study found that schools use different programmes to support teenage pregnant learners. Participants emphasised the importance of having support programmes about teenage pregnancy in a school and in the community with the support of the parents, non-governmental organisation (NGO), the community and other relevant stakeholders to curb the epidemic of teenage pregnancy.

The participant's responses were as follows:

P1: The support programmes that involves all stakeholders such as parents, teachers, and learners and the community, eeh....it helps in reducing teenage pregnancy.

When I probed, P1 further said:

the SBST of the schools works with the community, NGOs and health workers to assist and support identified teenage pregnant learners for example, the NGO that we work with provides the school with workers that visit these learners at home and to deliver school activities to learners and assist them to complete schoolwork and bring it back to us (bringing it back to teachers).

P8: In our school eh..... the SBST works together with the district and parents of pregnant learners to make sure that they are catered for, for example in the last trimester of pregnancy, when the learner is unable to come to school the parents will make arrangement with the school to come and pick up schoolwork.

P12: One of the support programmes that we have in our school includes inviting people from outside, to teach our learners about sex education for example people from "Love life" or motivational speakers.

P3: Teachers play an important role in teenage pregnancy prevention programmes whereby they can teach sex education, the importance of abstaining and the use of contraceptives.

The above statements are supported by Goesling (2014), Harden, Brunton, Fletcher, and Oakley (2009) and Oringanje, Meremikwu, Eko, Esu, Meremikwu and Ehiri (2015)

who revealed that there is some evidence that support programmes on teenage pregnancy reduces sexual activity, increase the use of contraceptives, reduce sexual transmitted diseases(STI) and teenage pregnancy as discussed in Chapter 2.(See 2.8). Furthermore Goesling (2014) mentioned that there are many support programmes for pregnant teenagers depending on the basic needs of individuals.

4.2.4.2 Sub-theme 2: Understanding of department policy

The study found that participants are aware of the departmental policies and use them as a guide to support teenage pregnant learners in schools. Participants mentioned that policies are there to guide them to design support programmes that are suitable for their context. In addition to that, it was further revealed that it is the responsibility of teachers and other role-players to teach about sexuality in schools and in the community to reduce teenage pregnancy.

Participants responded as follows:

P7: We need to follow policy and implement that is the requirements for all teachers.

P5: Policy plays an important role in the education system and it is there to protect teachers. Teachers use policy in teaching and learning in their classrooms therefore it is important to use it as a guideline in designing support programmes.

P11: According to White Paper 6, Inclusive education requires teachers to include all learners regardless of their barriers to education, so we are obliged to accommodate pregnant teenagers. The policy on Screening Identification Assessment and Support (SIAS) requires teachers complete the support document after identifying the barrier that the learners is experiencing. ... It is the responsibility of the teacher to identify a learner that experiences barrier in class and design a program that meets the specific needs of that learner.

P3: The Policy on the Prevention and Management of Learner Pregnancy is there to guide us on how to handle Mmmmmm.....treat teenage pregnant learners in our classrooms fairly.

It is evident from participant's responses that policy serves as a guideline for teachers in everything that they do. The above statement is supported by the Constitution of the

Republic of South Africa (Act 108 of 1996) which seeks to uphold the rights of all learners. These obligations, commitments and targets inform the principles which underpins all educational policies such as EWP6 (DoE, 2001) and SIAS (DBE, 2014), Draft policy on Prevention and management of Learners Pregnancy to mention a few.

4.3 Theme 5 Views on how to address teenage pregnancy.

The study revealed that participants felt that it is their responsibility to guide and support these learners through empathy and motivation.

The participants responded as follows:

P13: I feel very much empathetic as these pregnant teenage learners are left behind. Teachers need to be patient with them as everybody makes mistakes. They believe they did not fall pregnant intentionally.

P15: I think it will be appropriate if we keep on encouraging and motivating them to come to school and learn. These learners need our support as teachers. We are their parents for 7 hours a day. Let us give them support take it to strategies for supporting pregnant learners.

P10: What I have noticed with these learners, is that they sometimes become withdrawn, they don't participate as usual, and they becomes emotional when you try to talk to them. HUUUUU..... they cry a lot and you know. Life Orientation teachers, SBST members need to provide counselling.

P8 (smiling): From my side eeeeh..... There is a saying, 'It takes two to tango' if teachers and parents can work as a team to support one another in this challenge of teenage pregnancy, parents to be the main sex educators of their children, this can be a good strategy to eliminate and support teenage pregnancy.

P2: If the teachers take the initiative, support and accept the pregnant learners this might eliminate stigmatisation.

From the above statement one can conclude that teachers use different strategies to support learners as they feel that it is their responsibility to support, teach and guides learners and parents. This is supported by Manlove, Ikramuller, Mincieli, Holcombe, and Danish (2009) and Panday, Makiwane, Ranchod and Letsoalo (2009) who

mentioned that using different strategies to support teenagers may delay unplanned teenage pregnancy, because teenagers will be knowledgeable on sexuality which gives them the opportunity to make informed decisions.

4.3 ANALYSIS FROM DOCUMENTS

4.4 FIELD NOTES.

4.3 CHAPTER SUMMARY

In this chapter, themes and sub-themes were revealed that arose from the analysis of data on the perception and experiences of teachers on teenage pregnant learners in four secondary schools in Gauteng province. Findings revealed that teachers are challenged on how to deal with pregnant teenagers in schools. The discoveries were discussed within the relevant and recent literature. There was an indication that some teachers are frustrated as they are not yet trained and teenage pregnant learners were affected emotionally, as they did not have good relationship with their teachers. The attention that they expected from teachers was not adequate. Some teachers indicated that teenage pregnant learners are referred to attend school in Gezina (Pretoria).

CHAPTER 5: CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In the previous chapter, the researcher provided a thorough analysis of interviews with teachers regarding their perceptions and experiences of teenage pregnancy. In this chapter, the researcher provides the conclusions in relation to the objectives of the study, discusses the contribution, limitations and unique contributions of the study, and makes recommendations. The chapter shows how the objectives of the study have been met as reflected in themes that were identified.

5.2 CONCLUSION THAT CAN BE DRAWN FROM THEMES IDENTIFIED IN THE STUDY

5.2.1 Theme 1: Teenage Pregnancy and School Performance

This study found that participants perceived and experienced teenage pregnancy as interrupting school attendance and affecting academic performance. It also found that poor school attendance was due to health-related issues such as morning sickness and antenatal check-ups during pregnancy. Additionally, the study revealed that pregnant learners often dropped out of school and some repeated grades due to their dual role of dealing with pregnancy and schoolwork. It also highlighted that some of the pregnant teenagers came from child-headed families and that they sensed that pregnant learners may have sleepless nights due to anxiety and displayed signs of depression, fatigue and being overloaded with many responsibilities.

5.2.2: Theme 2: Factors That Causes Teenage Pregnancy

This study revealed that poverty is one of the factors that cause teenage pregnancy. Reasons cited by participants included high rates of unemployment which led to teenagers falling pregnant to access child support grants. The study also highlighted peer pressure as a factor that caused teenage pregnancy in that teenagers exercise poor judgement in making decisions such as indulging in unprotected sex to please their peers. In addition, lack of training and resources on teenage pregnancy was viewed as causing teenage pregnancy. Other factors included lack of parental involvement, social media and use of drugs and other substances.

5.2.3 Theme 3: Challenges in Supporting Pregnant Teenage Learners

Findings revealed that there are many challenges faced by teachers in supporting pregnant learners which includes lack of resources, frustrations for implementing policy, poor relationship between teachers and pregnant learners, stigmatisation and fear.

5.2.4 Theme 4: Strategies used in Supporting Pregnant Teenage Learners

There were very few strategies highlighted by participants on how pregnant learners were supported. It seemed teachers were reluctant to do so for various reasons. One could thus assume that teachers simply complied with the DBE policy on how to deal with teenage pregnancy in schools. However, the findings revealed that some teachers showed empathy as a support strategy and tried to accommodate the learners in their classrooms. Some sent homework with friends if pregnant learners were absent from school and others indicated that they tried being friendly toward pregnant learners and handled them with respect.

5.3 IMPLICATIONS OF THE STUDY

The findings have various implications for the DBE at various levels. The implications are discussed below.

5.3.1 Implications for Policy Developers at the National Level of DBE

The national office could guide the provincial office on how to support the district to curb teenage pregnancy in schools. They might provide appropriate resources to both the provincial and district level to limit and manage teenage pregnancy in school.

5.3.2 Implications for Policy at the Provincial Level

The provincial office could take on the responsibility of training teachers, learners, SGBs, SBSTs, SMTs and parents on strategies to eliminate and reduce teenage pregnancy. The provincial office could continuously monitor the support that the district is providing to schools.

5.3.3 Implications at the District Level in the Tshwane South District

In order to prevent teenage pregnancy, district officials, facilitators and mediators could work hand-in-hand with teachers, parents and learners to identify factors contributing to teenage pregnancy within the school environment and reduce its high level. Continuous professional teacher development could assist teachers in understanding and implementing policy.

5.3.4 Implications for Schools

The collaboration between different stakeholders such as the SMT, District Officials, ILST, and Full-Service Schools as resource centres could provide support programmes for intervention to control teenage pregnancy. The SMT and SBST could provide strategies to teachers to identify, support and reduce teenage pregnancy in their classrooms. The district could conduct continuous workshops to guide teachers in implementing policy in their classrooms.

5.4 RECOMMENDATIONS

The following recommendations are made based on the themes that were analysed.

5.4.1 Recommendations on Teenage Pregnancy and School Performance

To address school attendance and poor academic performance, schools could strengthen their teenage pregnancy preventative programmes by collaborating with relevant community structures, institutions of higher learning and Life Orientation district officials. Such programmes could curb the problem of teenage pregnancy. Each school should work with school nurses or health promoters to support the general wellbeing of pregnant learners. Schools could also plan a support strategy for learners returning to school after giving birth.

5.4.2 Recommendations on Factors that cause Teenage Pregnancy

To address causes of teenage pregnancy, findings revealed that an integrated teenage pregnancy prevention and support strategy is needed. Such a strategy could include multidisciplinary planning and collaboration of stakeholders such as DBE, Department of Social Services, Department of Health, parents and community organisations. These stakeholders could streamline activities relate to sexuality

education, addressing social problems such as use of drugs and skills to deal with peer pressure and other related matters in a systems approach.

5.4.3 Recommendations on Challenges in supporting Pregnant Teenage Learners

The findings highlighted that teachers experience teenage pregnancy as a burden and a challenge. Analysis revealed that teenage pregnancy may lead to emotional difficulties which could lead to poor inter-relationships and lack of trust with their teachers and their peers. Furthermore, non-disclosure by pregnant learners was a challenge because it led to emergencies such as giving birth while at school. It was revealed that teenage pregnancy disrupted their teaching and learning. It is recommended that schools should be supported emotionally by educational psychologists within the district, health practitioners from local clinics, social workers and parents.

5.4.4 Recommendations on Strategies used for supporting Pregnant Teenage Learners

It is recommended that schools use different programmes to support teenage pregnant learners in schools and in the community with the support of parents, NGOs, and other relevant stakeholders to curb the teenage pregnancy. Furthermore, professional teacher development on policy is key to promote effective implementation.

5 4.5 Recommendations on supporting teenage pregnant learners.

5.5 LIMITATIONS OF THE STUDY

The results of the study may not be generalised, because of the following limitations:

- Data was collected from only four secondary schools out of 56 schools in Mamelodi. Therefore, the participating schools are not representative of Tshwane South District or the entire GDE.
- Only 16 teachers from four local secondary school were interviewed. In total, there were 196 teachers in the participating schools, but their perceptions and experiences are not represented in this study.

- Other stakeholders like SGB, parents and learners were not involved as part of the interviews.
- Data was only collected in one district in Gauteng province. There are nine provinces in South Africa. Additionally, the GDE consists of 15 education districts.
- To get the information and minutes about pregnant learner support was a challenge in other participating schools in the study.
- The study was prolonged due to unavailability of participants. As the researcher, I had to reschedule several appointments.

5.6 UNIQUE CONTRIBUTIONS OF THE STUDY

The study contributes to the different structures in the DBE in that:

- It encourages collaboration as a tool for enhancing support for pregnant learners and recognizes the interaction between these systems as identified in Bronfenbrenner ecological systems theory which guided the study.
- The study highlights the predicament of teachers in supporting pregnant learners and thus aims to inform the DBE about the training needs.
- This could, in turn, inform policy decisions related to pregnant learners.

5.6.1 Contribution to Policy

The research emphasized the uncertainties of teachers regarding the implementation of policies and inadequate training for teachers involved. This study could make the DBE and District Officials aware of the importance of consultation with teachers before implementation of policies, and implement the training of teachers to be able to support pregnant teenagers in schools.

5.6.2 Contribution to Theory and Practice

The study could help in ensuring that challenges that are faced by teachers in schools are correctly addressed. Learning support strategies should be implemented in each classroom. If the ILST Committee is properly formed, support would be rendered so that teaching and learning would be effective.

5.6.3 Contribution to Schools

In this study, the researcher stresses that pregnant teenage learners drop out of school due to poor attendance and performance. The poor performance is influenced by antenatal check-ups they have to attend, morning sickness, being in a child-headed family and the load of schoolwork. Therefore, the suggestion for this research study is that school stakeholders need to work together and handle this problem in a positive way, rather than simply depending on the Department of Education.

5.6.4 Contribution in terms of Bronfenbrenner's Ecological System Theory Framework

Bronfenbrenner's ecological systems theory emphasizes the fact that learners are surrounded by support systems for child development. These support systems are linked to each other and none of these systems can function individually or on its own. These systems depend on each other. Once a teenage learner falls pregnant, all the other people in her life are affected in different ways. They are affected as individuals because they are often rejected by friends; the community judges them; their families are embarrassed; and teachers are affected as they are expected to accommodate and provide support for these learners.

5.7 SELF-REFLECTION

As researcher I have learned that male teachers are not as accommodative as female teachers when it comes to topics of sexuality, as they are not confident enough. I noted that they struggled to express their feelings, and most of them were shy to talk about teenage pregnancy and how it affects them. Most male teachers were struggling with the issue of teenage pregnancy; as a result, they ended up ignoring these learners. I have learned that data collection is not easy or something you can do within a week, and this taught me to be patient and understanding. Teachers were not always available due to departmental commitments like marking or workshops, because interviews were conducted after school. This led to rescheduling our appointments. Other participants withdrew from participating due to other commitments. Research has taught me to leave room for disappointment.

5.8 SUGGESTIONS FOR FURTHER STUDY

Suggestions for further study are based on the limitations and the findings of this study to address the following issues:

- This study was qualitative and involved four schools with 16 participants. Therefore, the sample was small. A quantitative study could be conducted with large number of participants to confirm the findings in the current study.
- The context of this study is an urban township in Gauteng province. This context is different from other provinces in South Africa. Therefore, similar studies could be conducted in different provinces in South Africa.
- Participants of this study were teachers in secondary school. A study that could explore the pregnant teenagers' views in secondary schools could be conducted.
- As participants in this study were township teachers, the district where the study was conducted did not represent the different demographics of the South African population. Therefore, the study could be conducted in other areas such as ex model-C schools within the district where mixed races teach in these schools.

REFERENCES

- Ackley, M. 2017. *Let's talk about drugs: Teacher's guide & student's manual*. London: Routledge.
- Anderson, V. 2017. Criteria for evaluating qualitative research. *Human Resource Development Quarterly*, 1-9.
- Andrews, L. & Draga, L. 2013. Pregnant girls have a right to be in school Available from: <https://www.groundup.org.za/article/pregnant-girls-have-right-be-school/>
- Aparicio, E., Pecukonis, E.V. & O'Neale, S. 2015. The love that I was missing": Exploring the lived experience of motherhood among teen mothers in foster care. *Children and Youth Services Review*, 51, 44-54.
- Arlington Public School. 2004. *Teenage parenting and programmes*. Available from: <http://www.Arlington.html>
- Arowolo, O.O, Hoebes, K.H. & Mtengu, K.K. 2011. End of programme evaluation of the 4th GRN/UNFPA Country Programme(2006-2012) Final report. Windhoek: UNFPA Namibia.
- Ashcraft, A M. 2012. A qualitative investigation of urban African American mother/ daughter communication about relationships and sex Unpublished doctoral dissertation. Virginia Commonwealth University, Richmond.
- Babbie, E. R. 2005. *The basics of social research*. Cape Town: Juta.
- Babbie, E.R. & Mouton, J. 2001. *The practice of social research*. Cape Town: Oxford University Press.
- Ball, J. 2019. Sex, drugs, smokes and booze: What's driving teen trends? Describing and explaining trends in adolescent sexual behaviour, cannabis use, smoking and alcohol use in the early 21st century. Unpublished doctoral dissertation. University of Otago, Dunedin.
- Bantebya, K.G., Kyoheirwe, F.M. and Watson, C. 2015. *This is not the work of a day': Communications for social norm change around early marriage and education for adolescent girls in Uganda, ODI Report*. London: Overseas Development Institute.
- Barmao-Kiptanui, C., Kindiki, J.N. & Lelan, J. K. 2015. Impact of teenage motherhood on the academic performance in public primary schools in Bungoma County, Kenya. *International Journal of Educational Administration and Policy Studies*, 7 (2): 61-71.

- Basias, N. & Pollalis, Y. 2018. Quantitative and qualitative research in business & technology: Justifying a suitable research methodology. *Review of Integrative Business and Economics Research*, 7: 91-105.
- Baxter, C. & Moodley, D., 2015. Improving adolescent maternal health. *South African Medical Journal*, 105 (11): 948-951.
- Berg, B.L. 2007. *Qualitative research methods for the social sciences*. (6th ed.) Boston: Pearson.
- Berk, L.E. 2000. *Child development* (5th ed.) Boston: Allyn and Bacon.
- Berk, L.E. 2003. *Child development*. (6th ed.) Boston: Pearson & Allyn & Bacon.
- Bertram, C. & Christiansen, I. 2014. *Understanding research: An introduction to reading research*. Pretoria: Van Schaik.
- Bezuidenhout, F.J. 2004. *A reader on selected social issues*. (3rd ed.) Pretoria: Van Schaik.
- Bhana, D., Clowes, L., Morrell, R. & Shefer, T, 2008. Pregnant girls and young parents in South African schools. *Agenda*, 22 (76): 78-90.
- Bodeeb, J. 2017. *The untold stories of childhood to parenthood*. Available from: <http://www.livestrong.com/article/86972-effects-teenage-pregnancy/>
- Bourdieu, P., Coleman, J.S. & Coleman, Z.W. 2019. *Social theory for a changing society*. London: Routledge
- Bowen, G.A. 2009. Document analysis as a qualitative research method. *Qualitative Research Journal*, 9 (2): 27.
- Boyce, C. & Neale, P. 2006. *Conducting in-depth interviews: A guide for designing and conducting in-depth interviews for evaluation input*. Watertown: Pathfinder International.
- Bradley, D. 2003. Perspectives on new-born abandonment. *Pediatric Emergency Care*, 19(2):108-111.
- Braun, V & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2): 77-101.
- Breuner, C.C., Mattson, G. & Committee on Psychosocial Aspects of Child and Family Health. 2016. Sexuality education for children and adolescents. *Pediatrics*, 138 (2): e20161348.
- Bronfenbrenner, U. 1979. *The ecology of human development*. (2nd ed.) Oxford: Elsevier.

- Bronfenbrenner, U., 2001. The bioecological theory of human development. In Bronfenbrenner, U. (Ed.) *Making Human Beings: Bioecological Perspective on Human Development*. Thousand Oaks: SAGE.
- Brooker, C. (Ed.). 2006. *Churchill Livingstone's dictionary of nursing*. (19th ed.) Elsevier: Saunders.
- Bruner, E.M. 1986. Experience and its expressions. In Turner, V.W. & Edward M. Bruner, E.M. (Eds.) *The Anthropology of Experience*. Champaign: University of Illinois Press. 3-30.
- Bryant, P. 2017. *Perception and understanding in young children: An experimental approach* (Vol. 4). London: Routledge.
- Burns, N. & Grove, S.K. 2009. *The practice of nursing research, appraisal, synthesis and generation of evidence*. (6th ed.). London: Saunders/ Elsevier.
- Burrington, L.A. 2019. Racial differences in sexual activity among affluent adolescents: a relative status approach. *Deviant Behavior*, 40 (10): 1226-1244.
- Business Dictionary. 2020. *Definition: Perception*. Available from: <http://www.businessdictionary.com/definition/perception.html>
- Chakour, M.C. 2000. Factors determining the success of information technology project. Unpublished master's thesis. Victoria University of Technology, Melbourne.
- Chase, E. 2019. Rethinking the marginalizing discourses around teenage pregnancy. *Discourse: Studies in the Cultural Politics of Education*, 40 (4): 560-572.
- Chen, X., Wen, S.W., Fleming, N., Demissie, K, Rhoads, G.G. & Walker, M. 2007. Teenage pregnancy and adverse birth outcomes: a large population based retrospective cohort study. *International Journal of Epidemiology*, 36(2): 368-73.
- Chigona, A. & Chetty, R. 2007. Girls' education in South Africa: Special consideration to teen mothers as learners. *Journal of education for international development*, 3 (1): 1-17.
- Chigona, A. & Chetty, R. 2008a. Sexuality out of control: An analysis of the educational policy on schooling teen mothers in the Western Cape. *Child Abuse Research*, 9 (1):15-26.
- Chigona, A. & Chetty, R. 2008b. Teen mothers and schooling: Lacunae and challenges. *South African Journal of Education*, 28 (2): 261-281.

- Clayton, H. B., Lowry, R., August, E. & Jones, S. E. 2016. Nonmedical use of prescription drugs and sexual risk behaviors. *Pediatrics*, 137(1), e20152480.
- Clockland, D. & Wong, J. 1999. *Teen pregnancy and parenting; social and ethical issues*. Toronto: University of Toronto Press.
- Coleman, M.N. 2006. Critical incidents in multicultural training: An examination of student experiences. *Journal of Multicultural Counseling and Development*, 34 (3): 168-182.
- Collins, R.L., Martino, S. & Shaw, R. 2011. *Influence of new media on adolescents sexual health: Evidence opportunities*. Santa Monica: RAND Corporation, Available from: <http://www.rand.org/pubs/workingpapers/WR761.html>
- COBUILD Advanced English Dictionary. 2020. *Definition: learner*. Available from: <https://www.collinsdictionary.com/dictionary/english/learner>
- Cope, D.G. 2014. Methods and meanings: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, 41(1): 89-91.
- Corbin, J. & Strauss, A. 2015. *Basic qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks: Sage.
- Corey, G. 2009. *Theory and practice of counselling and psychotherapy*. Boston: Cengage Learning.
- Creswell, J.W. 2008. *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (3rd ed.). Upper Saddle River: Pearson Education.
- Creswell, J.W. 2013. *Research design. Qualitative, quantitative, and mixed method approaches*. Thousand Oaks: SAGE.
- Currie, D. 2016. Growing up unequal: Gender and socioeconomic differences in young people's health and well-being. *Health behaviour in school-aged children (HBSC) study: International report from the 2013/2014 Survey* (No. 7). Geneva: World Health Organization.
- Daher, M., Carré, D., Jaramillo, A., Olivares, H., & Tomicic, A. 2017. Experience and meaning in qualitative research: A conceptual review and a methodological device proposal. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, 18 (3): Art 9.
- Darroch, J.E., Sedgh, G. & Ball, H. 2011. Contraceptive technologies: Responding to women's needs. *New York: Guttmacher Institute*, 201 (1).

- De Vos, A.S., Strydom, H., Fouche, C.B. & Delpont, C.S.L. 2011. *Research at grass roots for social science and human service professions*. (4th ed.) Pretoria: Van Schaik.
- Demographic Research and Development Foundation (DRDF) and University of the Philippines Population Institute (UPPI). 2014. *2013 YAFS4 key findings*. Quezon City: DRDF and UPPL.
- Denzin, N.K. & Lincoln Y.S. (Eds.). 2003. *Collecting and interpreting qualitative materials*. (2nd ed.) Thousand Oaks: SAGE.
- Denzin, N.K. & Lincoln, Y.S. (Eds.). 2011. *The SAGE handbook of qualitative research*. Thousand Oaks: SAGE.
- Department of Basic Education. 2010. *Education for all, 2010 country report: South Africa*. Pretoria: DBE.
- Department of Basic Education, 2011. *Report on the 2009/2010 annual survey for ordinary schools*. Pretoria: Department of Basic Education.
- Department of Basic Education. 2012. *General household survey 010: Focus on Schooling*. Pretoria: Department of Basic Education.
- Department of Basic Education. 2014. *Education for all (EFA): Country progress report*. Available from:
<http://unesdoc.unesco.org/images/0023/002316/231680e>
- Department of Basic Education. 2018. *DBE draft national policy on the prevention and management of learner pregnancy in schools*. Available from:
<https://www.education.gov.za/Portals/0/Documents/Policies/Draft%20Pregnancy%20Policy%202018.pdf?ver=2018-06-26-142235-687>
- Department of Education. 2007. *Measures for the prevention management of learners' pregnancy*. Pretoria: Department of Education.
- Donald D., Lazarus, S. & Lolwana, P. 2010. *Educational psychology in social context*. (4th ed.) Cape Town: Oxford University Press.
- Donald, D., Lazarus, S. & Lolwana, P. 2002. *Educational psychology in social context*. (2nd ed.) Cape Town: Oxford University Press.
- Du Preez, A., Botha, A.J., Rabie, T. & Manyathi, D.G. 2019. Secondary school teachers' experiences related to learner teenage pregnancies and unexpected deliveries at school. *Health SA Gesondheid*, 24: 1-7.
<http://dx.doi.org/10.4102/hsag.v24i0.1079>.

- Ekefre, E.N., Ekanem, A., Ekpenyong, E.O. 2014. Teenage pregnancy and education in Nigeria: A philo-sociological management strategy. *Journal of Educational and Social Research*, 4(3): 41-47.
- Endersbe, J.K. 2006. *Teen mothers raising a baby: Perspectives on health sexuality*. Minnesota: Capstone Press.
- Flanagan, A., Lince, N., Durao de Menezes, I. & Mdlopane, L. 2013. Teen pregnancy in South Africa: A literature review examining contributing factors and unique interventions. Available from: http://www.mmoho.co.za/wpcontent/uploads/2016/02/Literature-Review_Teenage-Pregnancy-South-Africa_Ibis.pdf
- Flick, U. 2011. *Introducing research methodology: A beginner's guide to doing a research project*. London: SAGE.
- Francis, D.A. 2012. Teacher positioning on the teaching of sexual diversity in South African schools. *Culture, Health & Sexuality*, 14 (6): 597-611, DOI: 10.1080/13691058.2012.674558
- Franklin, S. & McLaren, D. 2015. *Realising the right to a basic education in South Africa: An analysis of the content, policy effort, resource allocation and enjoyment of the constitutional right to a basic education*. Braamfontein: Studies in Poverty and Inequality Institute (SPII).
- Fulghesu, A.M. (Ed.). 2017. *Good practice in pediatric and adolescent gynecology*. New York: Springer International.
- Gaoketse, V.K. 2013. Assessing the implementation of learners' pregnancy policy in high schools in the Lichtenburg area. Unpublished master's dissertation. North-West University, Mafikeng.
- Goesling, B., Colman, S., Trenholm, C., Terzian, M. & Moore K. 2014. Programs to reduce teen pregnancy, sexually transmitted infections, and associated sexual risk behaviors: A systematic review. *Journal of Adolescent Health*, 54(5): 499-507.
- Gorringe, T.J. 2017. *Furthering humanity: a theology of culture*. London: Routledge.
- Gouws, F.E., Kruger, N. & Burger, S. 2008. *The adolescents*. Johannesburg: Heinemann.
- Govender, P. 2015. Government plans to give condoms to 10-year-olds. *Sunday Times*, 10 May, 1.

- Grant, M. & Hallman, K. 2006. Pregnancy-related school dropout and prior school performance in South Africa. *Studies in Family Planning*, 39 (4): 369-382.
- Greenbank, P. 2003. The Role of Values in Educational Research: the case for reflexivity. *British Educational Research Journal*, 29 (6): 791-801.
- Guba, E.G. & Lincoln, Y.S. 1994. Competing paradigms in qualitative research. In Denzin, N.K. & Lincoln, Y.S. (Eds.) *Handbook of Qualitative Research*. Thousand Oaks: SAGE. 105–117.
- Guest, G., MacQueen, K. & Namey, E. 2012. *Applied thematic analysis*. Thousand Oaks: SAGE.
- Gustafsson, J. 2017. *Single case studies vs. multiple case studies: a comparative study*. Available from: <http://www.diva-portal.org/smash/get/diva2:1064378/FULLTEXT01.pdf>
- Gyan, C. 2013. The effects of teenage pregnancy on the educational attainment of girls at Chorkor, a suburb of Accra. *Journal of Educational and Social Research*, 3 (3): 53.
- Haasbroek, C. 2013. Turning classrooms into maternity ward. Teen pregnancy needs much more attention. *Pretoria News*, 30 July 2013.
- Hall, K. 2019. *Teenage pregnancy*. Available from: <http://childrencount.uct.ac.za/indicator.php?domain=5&indicator=27>
- Hammarberg, M., Kirkman, S. & De Lacey, S. 2016. Qualitative research methods: when to use them and how to judge them. *Human Reproduction*, 31 (3): 498-501, <https://doi.org/10.1093/humrep/dev334>.
- Hammer, J., Rao, S.P. & Banegas, M.P. 2010. How much do they know about sexual health? Knowledge and information-seeking behaviors of Spanish-speaking immigrant adolescents in Curacao, Netherlands Antilles. *Family & Community Health*, 33 (4): 285-300.
- Harber, K.D., & Cohen, D.J. 2005. The emotional broadcaster theory of social sharing. *Journal of Language and Social Psychology*, 24 (4): 382–400. <https://doi.org/10.1177/0261927X05281426>
- Harden, A., Brunton, G., Fletcher, A. & Oakley, A. 2009. Teen pregnancy and social disadvantage: Systematic review integrating controlled trials and qualitative studies. *British Medical Journal*, 339: 1-11.

- Haufiku, A.N. 2014. Teachers' experiences and practice of support for school-going teenage mothers in Namibia. Unpublished master's thesis. Stellenbosch University, Stellenbosch.
- Heil, S.H., Jones, H.E., Arria, A., Kaltenbach, K., Coyle, M., Fischer, G., Stine, S., Selby, P. & Martin, P.R. Unintended pregnancy in opioid-abusing women. *Journal of Substance Abuse Treatment*, 40 (2):199–202.
- Howitt, D. 2016. *Introduction to qualitative research methods in psychology*. London: Pearson.
- Hussain, M.A. 2019. Absolute poverty. In Greve, B. (Ed.) *Routledge International Handbook of Poverty*, 2. London: Routledge.
- Jewkes, R., Morrell, R. & Christofides, N. 2009. Empowering teenagers to prevent pregnancy: Lessons from South Africa. *Culture, Health & Sexuality*, 11 (7): 675-688.
- Jewkes, R., Vundule, C., Maforah, F. & Jordaan, E. 2001. Relationships dynamics and teenage pregnancy in South Africa. *Social Science and Medicine*, 52 (5): 733-744.
- Jonathan, D., Klein, M D., MPH & Committee on Adolescence, 2005. Adolescent pregnancy: Current trends and issues. *Adolescent Pregnancy*, 116 (1):57-69.
- Jordan, M.J. & Isaev, O. 2010. *Silence makes babies*. Available from: <https://www.tol.org/client/article/21599-silence-makes-babies.html>
- Julie, V.J. 2013. Young mothers perceptions of teenage pregnancy in Vredendal: A social cognitive learning approach. Unpublished doctoral dissertation, University of South Africa, Pretoria.
- Jyothi, L. 2018. *Teen pregnancies a rising concern*. Available from: <https://www.news24.com/SouthAfrica/Local/Stanger-Weekly/teen-pregnancy-a-rising-concern-20181010>
- Kalamar, A. M., Bayer, A. M., & Hindin, M. J. 2016. Interventions to prevent sexually transmitted infections, including HIV, among young people in low- and middle-income countries: A systematic review of the published and gray literature. *Journal of Adolescent Health*, 59 (3): S22-S31.
- Kanku, T. 2010. Attitudes, perception and understanding amongst teenagers regarding teenage pregnancy, sexuality and contraception in Taung. *South African Family Practice*, 52: 563-572.

- Keetile, M. 2014. High-risk behaviors among adult men and women in Botswana: implications for HIV/AIDS prevention efforts. *SAHARA-J: Journal of Social Aspects of HIV/AIDS* ,11 (1): 158-166.
- Keller, D.K. & Casadevall-Keller, M.L. 2010. *The Tao of research: A path to validity*. Thousand Oaks: SAGE.
- Kheswa, I.G. 2015. Psychological well-being, alcohol abuse and sexual behavior of South African adolescents males in South Africa. *Journal of Psychology*, 6 (1): 32-40.
- Kim, C. 2008. *Teen sex: The parent factor*. Available from:
<http://www.heritage.org/education/report/teen-sex-the-parent-factor>
- Kitto, S.C., Chesters, J. & Grbich, C. (2008). Quality in qualitative research. *Medical Journal of Australia*, 188 (4): 243.
- Klopper, H. 2008. The qualitative research proposal. *Curationis*, 31 (4): 62-72
- Koko, K. 2017. *Schoolgirl pregnancy shocker*. Available from:
<https://www.iol.co.za/the-star/schoolgirl-pregnancy-shocker-9580859>
- Korstjens, I. & Moser, A. 2017 Series: Practical guidance to qualitative research. Part 2: Context, research questions and designs, *European Journal of General Practice*, 23:1, 274-279, DOI: 10.1080/13814788.2017.1375090
- Laghi, F., Baumgartner, E., Riccio, G., Bohr, Y. & Dhayanandhan, B. 2013. The role of romantic involvement and social support in Italian adolescent mothers' lives. *Journal of Child and Family Studies*, 22:1074-1081.
- Leftwich, H.K. & Alves, M.V.O. 2017. Adolescent pregnancy. *Pediatric Clinics*, 64(2), 381-388.
- Liamputtong, P. 2013 *Qualitative research methods*. (4th ed.). Victoria: Oxford University Press.
- Lincoln, Y.S. & Guba, E.G. 2013. *The constructivist credo*. Walnut Creek: Left Coast Press.
- Littman, L. 2018. Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. *PLoS ONE*, 13(8): e0202330.
<https://doi.org/10.1371/journal.pone.0202330>
- Livingstone, S. 2008. Taking risky opportunities in youthful content creation: teenagers' use of social networking sites for intimacy, privacy and self-expression. *New Media & Society*, 10(3), 393–411.
<https://doi.org/10.1177/1461444808089415>

- Lob, E. 2014. *South African school gives hope to pregnant teens*. Available from: <https://www.voanews.com/africa/south-african-school-gives-hope-pregnant-teens>
- Louw, D. 2011. Burnout amongst urban secondary school teachers in Namibia. *SA Journal of Industrial Psychology*, 37 (1): 01-07
- Lyon, M.E. & D'Angelo, L.J. 2006. *Teenagers HIV and AIDS: Insights from youths living with the virus*. Westport: Greenwood.
- Macleod, C. 2011. *Adolescence: Pregnancy and abortion: Constructing a threat of degeneration*. London: Routledge.
- Maemeko, E., Nkengbeza, D. & Chokomosi, T. 2018. The impact of teenage pregnancy on academic performance of Grade 7 learners at a school in the Zambezi region. *Open Journal of Social Sciences*, 6 (09): 88-100.
- Mafokane, B. & Oyedimi, T. 2015. Parental communication about sex and motherhood trends among students at a South African university. *Communitas*, 20, 159-180.
- Makhitha, T. S. & Botha, P. 2017. Teenagers' sexual activities on school grounds: a need for social work support. *Social Work*, 53 (4): 496-516.
- Malahlela M.K. & Chireshe R. 2013. Educators' perceptions of the effects of teenage pregnancy on the behaviour of the learners in South African secondary schools: Implications for teacher training, *Journal of Social Sciences*, 37 (2): 137-148. <https://doi.org/10.1080/09718923.2013.11893212>
- Malahlela, M.K. 2012. The effects of teenage pregnancy on the behaviour of learners at secondary schools In the Mankweng Area, Limpopo. Unpublished master's dissertation. University of South Africa, Pretoria.
- Malga, P.F., Setlalentoa, B.M., Oduaran, C. & Maforah, N. 2018. Factors influencing HIV/AIDS and risky sexual behaviour among learners in South Africa. *Global Journal of Health Science*, 10 (5): 197-208.
- Mangeli, M., Rayyani, M., Cheraghi, M.A. & Tirgari, B. 2017. Exploring the challenges of adolescent mothers from their life experiences in the transition to motherhood: A qualitative study. *Journal of Family & Reproductive Health*, 11 (3): 165-173.
- Manlove, J., Ikramuller, B.A., Mincieli, L., Holcombe, E. & Danish, S. 2009. Trends in sexual experience, contraceptive use and teenage child-bearing. *Journal of*

Adolescent Health, 44 (5): 413-423.

<https://doi.org/10.1016/j.jadohealth.2008.09.006>

- Maravilla, J.C., Betts, K.S., e Cruz, C.C., & Alati, R. 2017. Factors influencing repeated teenage pregnancy: a review and meta-analysis. *American Journal of Obstetrics and Gynecology*, 217 (5): 527-545.
- Mashaba, S. 2015. Pregnancy now affects primary school girls. *Sowetan*, 27 March, 14.
- Mashishi, N. & Makoelle, T. 2014. Inclusion or exclusion ramification of teenage pregnancy: A comparative analysis of Namibian and South African Schools' pregnancy policies. *Mediterranean Journal of Social Sciences*, 5 (14): 374-379.
- Masilo, D.T. 2018. *Development of teenage pregnancy prevention model for learners in schools in North West Province: Implications for policy and practice considerations*. Unpublished doctoral dissertation. University of Limpopo, Polokwane.
- Matlala, S. 2016. *A model for the facilitation of health for pregnant learners attending secondary schools in Limpopo province*. Available from:
<http://policyresearch.limpopo.gov.za/handle/123456789/1241>
- Maxwell, J.A. 2012. *Qualitative research design: An interactive approach*. London: Sage.
- McMillan, J.H., & Schumacher, S. 2010. *Research in education: evidence-based inquiry*. (7th ed.). Boston: Pearson.
- Merriam, S. 2009. *Qualitative research: A guide to design and implementation*. San Francisco: Jossey-Bass.
- Merriam-Webster.com. 2020. *Definition: Peer pressure*. Available from:
<https://www.merriam-webster.com/dictionary/peer%20pressure>
- Mfono, Z. 2008. Teenage contraceptive needs in urban South Africa: A case study. *International Family Planning Perspective*, 24(4): 180-183.
- Michael, R.S. 2012. *Strategies for educational inquiry*. Available from:
http://www.indiana.edu/~educy520/sec6342/520syl_spr04.pdf
- Miller, T., Birch, M., Mauthner, M. & Jessop, J. (Eds.). (2012). *Ethics in qualitative research*. Thousand Oaks: SAGE.
- Mills, J. & Birks, M. 2014. *Qualitative methodology*. London: SAGE doi: 10.4135/9781473920163

- Mkhwanazi, N., 2010. Understanding teenage pregnancy in a post-apartheid South African township. *Culture, Health & Sexuality*, 12 (4): 347-358.
- Mlambo, S. 2018. 97 143 teenage mothers gave birth last year, says Stats SA. Available from: <https://www.iol.co.za/dailynews/news/97-143-teenage-mothers-gave-birth-last-year-says-stats-sa-16813377>
- Moliko, M.R, 2010. Teachers perceptions of teenage pregnancy in selected schools in Lesotho. Unpublished master's dissertation University of Zululand, Durban.
- Molosiwa, S. & Moswela, B. 2012. Girl-pupil dropout in secondary schools in Botswana: Influencing factors, prevalence and consequences. *International Journal of Business and Social Science*, 3 (7): 265-271.
- Moore, S. & Rosenthal, D. 2006. *Sexuality in adolescence*. London: Routledge.
- Mothiba, T.M. & Maputla, S.M. 2012. Factors contributing to teenage pregnancy in the Capricorn district of the Limpopo Province. *Curationis*, 35(1).
- Mouton, J.M. 2012. *How to succeed in your master's and doctoral studies*. Pretoria: Van Schaik.
- Mpani, P. & Nsiband, N. 2015. *Understanding gender policy and gender-based violence in South Africa. A literature review*. Available from: <https://www.soulcity.org.za/campaigns/gbv/resources/understanding-gender-policy-and-gender-based-violence-in-south-africa-a-literature-review>
- Mpanza, N.D. & Nzima, D.R. 2010 Attitudes of educators towards teenage pregnancy *Procedia Social and Behavioral Sciences*, 5 (4): 431-439.
- Mulaudzi, T.P. & Jabuli, M. 2018. An investigation into the attitudes of young people towards the use of government issued condoms at the University of Venda, South Africa. *Gender and Behaviour*, 16 (2): 11527-11542.
- Mushwana, L., Monareng, L., Richter, S. & Muller, H. 2015. Factors influencing the adolescent pregnancy rate in the greater Giyani Municipality, Limpopo Province, South Africa. *International Journal of Africa Nursing Sciences*, 2, 10-18.
- Mwaba, K. 2000. Perceptions of teenage pregnancy among South African adolescents. *Health South Africa*, 5(3):30-34.
- Mwale, M. 2008. Behavioral change vis-à-vis HIV/AIDS knowledge mismatch among adolescents: The case of some selected schools in Zomba, Malawi. *Nordic Journal of African Studies*, 17 (4): 288-299.

- Mwinda, A. M. 2012. Factors contributing to unsafe sex among teenagers in the secondary schools of Botswana. Unpublished doctoral dissertation, University of South Africa, Pretoria.
- Naidoo, J., Muthukrishna, N. & Nkabinde, R. 2019. The journey into motherhood and schooling: narratives of teenage mothers in the South African context. *International Journal of Inclusive Education*, 1-15. DOI: [10.1080/13603116.2019.1600053](https://doi.org/10.1080/13603116.2019.1600053)
- Naidoo, S., Sartorius, B., de Vries, H. & Taylor, M. 2017. Prevalence and risk factors associated with forced-sex among South African high school students. *Journal of Community Health*, 42 (5): 1035-1043.
- Nambambi, N.M. & Mufune, P. 2011. What is talked about when parents discuss sex with children: family-based sex education in Windhoek, Namibia. *African Journal Reproductive Health*, 15 (4): 120-129.
- Namibia Ministry of Health and Social Services. 2008. *Namibia Demographic and Health Survey (2006-07)*. Available from: <https://dhsprogram.com/pubs/pdf/FR204/FR204c.pdf>
- Namibia Statistics Agency. 2017. *Namibia Inter-censal demographic survey 2016 report*. Windhoek: Namibia Statistics Agency,
- Ncitakalo, N. 2011. Socio-cultural influences in decision making involving sexual behaviour among adolescents in Khayelitsha, Cape Town. Unpublished doctoral dissertation. University of the Western Cape, Cape Town.
- Ncube, M, 2009. The knowledge and awareness of Grade 12 learners about teenage pregnancy: A case study of Vine College High School. Unpublished master's thesis, Unpublished master's thesis. University of the Witwatersrand, Johannesburg.
- Nel, C. Nel, M., Adam, A., Good, R.H. & Kaminski, R. (Eds.). 2015. *How to support English second language learners. Foundation and intermediate phase*. Pretoria: Van Schaik.
- Ngavaza, S. & Shefer, T. 2013. Policy commitment vs. lived realities of young pregnant women and mothers in school, Western Cape, South Africa. *Reproductive Health Matters*, 21(41):106-113.
- Nkwanyana, T.R. (2011). A study of the high rate of teenage pregnancy in high schools in the iLembe District. Unpublished doctoral dissertation. University of South Africa, Pretoria.

- Nurlaela, S, 2013. The importance of teaching moral values to the students. Indonesia university of education. *Journal of English and Education*, 1 (1): 154-162.
- O'Hanlon, C. 2003. Educational inclusion as action research: An interpretive discourse. London: McGraw-Hill Education.
- Obiakor, F.E., Bakken, J.P. & Rotatori, A.F. (Eds.). 2010. *Current issues and trends in special education: Research, technology, and teacher preparation*. London: Emerald Group Publishing.
- Odebode, S.O. & Kolapo, O.A. 2016. Vulnerability of teenage girls to pregnancy in Ibarapa Central Local Government Area, Oyo State, Nigeria. *Journal of International Women Studies*, 17 (4): 122.
- O'Hanlon, C., 2003. *Educational inclusion as action research: An interpretive discourse*. London: McGraw Hill.
- Oke, Y.F. 2010. Poverty and teenage pregnancy: The dynamics in developing countries. *OIDA International Journal of Sustainable Development*, 2 (5): 63-66.
- Oranje, A. P., Bilo, R. A. & Hartwig, N. G. 2019. Sexually transmitted diseases in children and adolescents. *Harper's Textbook of Pediatric Dermatology*, 2195-2218.
- Oringanje, C., Meremikwu, M.M., Eko, H., Esu, E., Meremikwu, A. & Ehiri, J.E. 2016. Interventions for preventing unintended pregnancies among adolescents. *Cochrane Database of Systematic Reviews*, (2).
- Panday, S., Makiwane, M., Ranchod, C. & Letsoalo, T. 2009. *Teenage pregnancy in South Africa: With a specific focus on school-going learners*. Pretoria: Human Science Research Council.
- Paquette, D. & Ryan, J. 2001. Brofenbrenner's ecological systems theory. Available from: <http://pt3.nl.edu/paquetteryyanwebquest.pdf>.
- Parliamentary Monitoring Group. 2017. *Learner pregnancies: DBE; Department of Social Development; Department of Health briefing*. Available from: pmg.org.za/committee-meeting/25478/
- Patton M.Q. 2002. *Qualitative research and evaluation methods*. (3rd ed.) Thousand Oaks: SAGE.
- Pazvakawambwa L. & Mumbango, T. 2015. Statistical modelling of adolescent pregnancy in Namibia. *Journal of Nursing Care*, 4 (262): 2167-1168.

- Peci, B. 2017. Peer influence and adolescent sexual behavior trajectories: Links to sexual initiation. *European Journal of Multidisciplinary Studies*, 2 (3): 96-105.
- Philemon, M.N. 2007. Factors contributing to high adolescent pregnancy rate in Kinondoni municipality, Dar-es-Salaam, Tanzania. Unpublished doctoral dissertation. University of South Africa, Pretoria.
- Philippines News Agency. 2012. *Teenage pregnancies in Philippines rise 70-percent over 10 years – UNPFA*. Available from: <https://rhbillresourcepage.wordpress.com/2012/04/27/teenage-pregnancies-in-philippines-rise-70-percent-over-10-years-unpfa/>
- Picardi, C.A & Masick, K.D. 2013. *Research methods: Designing and conducting research with a real-world focus*. Thousand Oaks: SAGE.
- Polit, D.F. & Beck, C.T. 2012. *Nursing research: Generating and assessing evidence for nursing practice*. (9th ed.) Philadelphia: Lippincott, Williams & Wilkins.
- Pretorius, L. 2016. *SA teen pregnancies not increasing as BBC claimed*. Available from: <https://africacheck.org/reports/sa-teen-pregnancies-not-increasing-as-bbc-claimed/>
- Ramathuba, D.U. & Maseslesele, M.D. 2013. Challenges HIV/AIDS poses on the nursing workforce in rural health settings in Vhembe district, Limpopo Province, South Africa. *African Journal for Physical Health Education, Recreation and Dance*, 19 (Supplement 1), 23-34.
- Ramulumo, R.M. 2015. Managing teenage pregnancy at secondary schools in the Vhembe district, Limpopo Province. Unpublished master's dissertation. University of South Africa, Pretoria.
- Ranganathan, M., MacPhail, C., Pettifor, A., Kahn, K., Khoza, N., Twine, R., Watts, C. & Heise, L., 2017. Young women's perceptions of transactional sex and sexual agency: a qualitative study in the context of rural South Africa. *BMC Public Health*, 17 (1): 666.
- Rangiah, J. 2012. The experience of pregnant teenagers about their pregnancy. Unpublished master's dissertation. Stellenbosch University, Stellenbosch.
- Raphael-Leff, J. 2018. *Spilt milk: Perinatal loss and breakdown*. London: Routledge.
- Raven, B.H. 2017. The comparative analysis of power and power preference. In Tedeschi, J.T. (Ed.) *Social Power and Political Influence*. London: Routledge. 172-198.

- Republic of Kenya and KNBS-Kenya National Bureau of Statistics. 2015. *Kenya demographic and health survey 2014*. Available from: <https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf>.
- Republic of Namibia. 2013. *Namibia demographic and health survey (NDHS)*. Available from: <https://dhsprogram.com/pubs/pdf/FR298/FR298.pdf>
- Republic of South Africa. 1996a. *The Constitution of the Republic of South Africa Act of 1996*. Pretoria: Government Printers.
- Republic of South Africa. 1996b. *South African Schools Act, Act 84 of 1996*. Pretoria: Government Printers.
- Republic of South Africa. 1996c. *National Policy Act 27 of 1996*. Pretoria: Government Printers.
- Resnik, D.B. 2015. What is ethics in research & why is it important. Available from: <https://www.niehs.nih.gov/research/resources/bioethics/whatis/index.cfm>
- Rule, P. & John, V.M. 2011. *Your guide to case study research*. Pretoria: Van Schaik.
- SABC Education. 2017. *Angie Motshekga addressing the council of education ministers*. Available from: <http://sabceducation.co.za/66-spotlight/3264-angie-motshekga-addressing-the-council-of-education-ministers-2>
- SABC News Online. 2018. *Teenage pregnancy on the rise in Mpumalanga*. Available from: <http://www.sabcnews.com/sabcnews/teenage-pregnancy-on-the-rise-in-mpumalanga/>
- Sámano, R., Martínez-Rojano, H., Robichaux, D., Rodríguez-Ventura, A.L., Sánchez-Jiménez, B., de la Luz Hoyuela, M., Godínez, E. & Segovia, S. 2017. Family context and individual situation of teens before, during and after pregnancy in Mexico City. *BMC Pregnancy and Childbirth*, 17 (1): 382.
- Sathiya Susuman A. & Gwenhamo, K. 2015. Contraceptive use and teenage pregnancy among child-headed households in South Africa. *Journal of Clinical Case Reports*, 5: 517. <https://doi:10.4172/2165-7920.1000517>
- Schacter, D.L. 2011. *How the mind forgets and remembers: the seven sins of memory*. London: Souvenir Press.
- Schenk, K. & Williamson J. 2005. Ethical approaches to gathering information from children and adolescents in international settings: Guidelines and resources. Available from: https://knowledgecommons.popcouncil.org/departments_sbsr-hiv/316/

- Schuyler Centre for Analysis and Advocacy. 2008. *Teenage births: Outcomes for young parents and their children*. New York: SCAA.
- Sekhoetsane, K.R. 2012. The stress of teenage motherhood: the need for multi-faceted intervention programs. Unpublished doctoral dissertation. North-West University, Potchefstroom.
- Shaw, D. 2009. Access to sexual and reproductive health for young people: bridging the disconnect between rights and reality. *International Journal of Gynecology & Obstetrics*, 106 (2): 132-136.
- Shenton, A.K. 2004. Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22: 63-75.
- Shrestha, A. 2012. Teenage pregnancy in Nepal: consequences, causes and policy recommendations. Unpublished master's dissertation. KIT (Royal Tropical Institute)/Vrije Universiteit Amsterdam, Amsterdam.
- Sibeko, P.G. 2012. The effects of pregnancy on a schoolgirl's education. Unpublished doctoral thesis. University of Zululand, Empangeni.
- Singh, S. & Darroch, J.E., 2012. *Adding it up: Costs and benefits of contraceptive services – estimates for 2012*. Available from: <https://www.guttmacher.org/report/adding-it-costs-and-benefits-contraceptive-services-estimates-2012>
- Skobi, F. & Makofane, M. 2017. Reflections of social workers on the experiences of pregnant teenagers during group work sessions. *Social Work*, 53 (2): 224-249. <https://dx.doi.org/10.15270/52-2-566>
- Sleeping-out.co.za. No Date. *Map of Tshwane*. Available from: <https://www.sleeping-out.co.za/Tshwane-Map.asp>
- Smith, J.A. & Osborn, M. 2008. Interpretive phenomenological analysis. In Smith, J.A. (Ed.) *Qualitative Psychology: A Practical Guide to Research Methods*. Thousand Oaks: SAGE
- Snape, D. & Spencer, L. 2003. The foundations of qualitative research. In J. Ritchie & J. Lewis, (Eds.). *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. Thousand Oaks: SAGE.
- Stake, R.E. 2010. *Qualitative research: Studying how things work*. New York: Guilford Press.
- Statistics South Africa. 2016. *Education series Volume III educational enrolment and achievement, 2016*. Available from:

http://www.statssa.gov.za/publications/Report%2092-01-03/Education_Series_iii.pdf

Statistics South Africa. 2017. *General household survey*. Available from:

<http://www.statssa.gov.za/publications/P0318/P03182017.pdf>

Statistics South Africa. 2018. *General household survey*. Available from:

<http://www.statssa.gov.za/?p=12180>

Svindseth, M.F. & Crawford, P. 2019. *Humiliation: Mental health and public shame*. London: Emerald.

Swart, E. & Pettipher, R. 2011. Perspectives on inclusive education. In Landsberg, E., Krüger, D. & Swart, E. (eds). *Addressing barriers to learning in South Africa*, (2nd ed.) Pretoria: Van Schaik. 1-27.

Thanh, N.C. & Thanh, T.T. 2015. The interconnection between interpretivist paradigm and qualitative methods in education. *American Journal of Educational Science*, 1 (2): 24-27.

The National Center on Addiction and Substance Abuse at Columbia University.

2011. *Adolescent substance use: America's #1 public health problem*.

Available from: <https://www.centeronaddiction.org/addiction-research/reports/adolescent-substance-use-america%E2%80%99s-1-public-health-problem>

Tudge, J. R., Mokrova, I., Hatfield, B. E. & Karnik, R. B. 2009. Uses and misuses of Bronfenbrenner's bioecological theory of human development. *Journal of Family Theory & Review*, 1 (4): 198-210.

UNFPA. 2012. *Marrying too young: End child marriage*. New York: UNFPA.

UNFPA. 2013. *State of world population. Motherhood in childhood, Facing the challenge of adolescent pregnancy*. Available from:

<https://www.unfpa.org/publications/state-world-population-2013>

UNICEF. 2013. *A Namibia fit for children*. Available from:

https://www.unicef.org/namibia/Adolescents_fact_sheet_print.pdf

Vandenbussche, L., Edelenbos, J. & Eshuis, J. 2019. Coming to grips with life-as-experienced: Piecing together research to study stakeholders' lived relational experiences in collaborative planning processes. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 20 (1):

Vaughn, L. 2019. *Psychology and culture: Thinking, feeling and behaving in a global context*. London: Routledge.

- Walker, D.A., & Holtfreter, K. 2019. Teen Pregnancy, depression, and substance abuse: The conditioning effect of deviant peers. *Deviant Behavior*, 1-16.
- Willan, S. 2013. *A review of teenage pregnancy in South Africa. experiences of schooling, and knowledge and access to sexual & reproductive health services partners in sexual health*. Available from:
<http://www.hst.org.za/publications/review-teenage-pregnancysouth-africa-experiences-schooling-and-knowledge-and-access-se>
- Williams C. 2007. Research methods. *Journal of Business & Economics Research (JBER)*, 5(3).
- Willis, J.W. 2007. *Foundations of qualitative research: Interpretive and critical approaches*. London: SAGE.
- World Health Organisation. 2020. *Adolescent pregnancy*. Available from:
<https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>
- Yin R.K. 2011. *Qualitative research from start to finish*. New York: Guilford Press.
- Yin, R.K., 2013. *Case study research design and methods*. (5th ed.). Thousand Oaks: SAGE.
- Ziyane, I.S. & Ehlers,V. 2007. Swazi youths attitudes and perceptions concerning adolescents pregnancies and conceptions. *Health SA Gesondheid*, 11 (1): 31-42.

APPENDICES

APPENDIX A: ETHICAL CLEARANCE

COLLEGE OF EDUCATION RESEARCH ETHICS REVIEW COMMITTEE

18 May 2016

Ref : 2016/05/18/51638185/15/MC

Student: Mrs. MK Mogotsi

Student Number : 51638185

Dear Mrs. Mogotsi

Decision: Ethics Approval

Researcher: Mrs. MK Mogotsi
Tel: +2772 124 8209
Email: mkmogotsi73@gmail.com

Supervisor: Dr. M] van Breda
College of Education
Department of Psychology of Education
Tel: +2712 429 6962
Email: vbredmj@unisa.ac.za

Proposal: Teachers' perceptions of teenage pregnancy in schools in Tshwane South Education District 4

Qualification: M Ed in Psychology of Education

Thank you for the application for research ethics clearance by the College of Education Research Ethics Review Committee for the above mentioned research. Final approval is granted for the duration of the research.

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the College of Education Research Ethics Review Committee on 18 May 2016.

The proposed research may now commence with the proviso that:

- 1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*
- 2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the College of Education Ethics Review Committee. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*

3) The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.

Note:

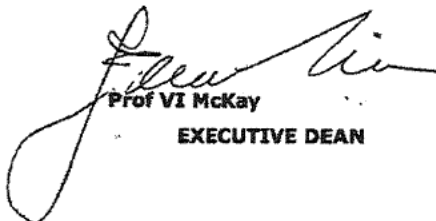
The reference number **2016/05/18/51638183/15/MC** should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the College of Education RERC.

Kind regards,



Dr M Claassens

CHAIRPERSON: CEDU RERC
mcdtc@netactive.co.za



Prof VI McKay

EXECUTIVE DEAN

Approval template 2014

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA, 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

**APPENDIX B: LETTER TO CIRCUIT MANAGER REQUESTING PERMISSION TO
CONDUCT RESEARCH**

THE CIRCUIT MANAGER

**RE: REQUEST TO CONDUCT RESEARCH STUDY IN TSHWANE SOUTH
DISTRICT SCHOOLS.**

I, Margareth Kedibone Mogotsi, hereby request permission to conduct research at four schools in the Tshwane South District in Mamelodi Township. I intend doing MEd research in the field of Psychology of Education at the University of South Africa under the supervision of Dr M.F Mavuso, a senior lecture in the Department of Psychology. The title of my study is: Teachers' perceptions and experiences on teenage pregnancy in secondary schools.

The aim of the study is to explore perceptions and experiences on teenage pregnancy in secondary schools. The participants will include selected teacher per school including deputy principal, one Head of Department. The research is qualitative in nature, using an interpretive research paradigm. Data will be collected by means of semi-structured interviews involving individual teachers, document analysis and field notes will be reflected in a journal.

Should I be given the opportunity to conduct the proposed research in your district, all information collected will be treated confidentially. Every effort will be made to treat identifying details of participating schools and participants in the research anonymously throughout the reporting of the research findings. Furthermore, I undertake to furnish you with a copy of the research report on the successful completion of my studies.

For further information, please do not hesitate to contact me at my contact details below.

M.K Mogotsi
Student number: 51638185

Tel: 0721248209

Email: 51638185@mylife.unisa.ac.za

APPENDIX C: PERMISSION FROM THE GAUTENG DEPARTMENT OF EDUCATION TO CONDUCT RESEARCH

For administrative use only:
Reference no: D2017 / 201
enquiries: Diane Bunting 011 843 6503



GAUTENG PROVINCE
EDUCATION
REPUBLIC OF SOUTH AFRICA

GDE RESEARCH APPROVAL LETTER

Date:	4 August 2016
Validity of Research Approval:	4 August 2016 to 30 September 2016
Name of Researcher:	Mogotsi M.K.
Address of Researcher:	2033 Kgokong Street; Mamelodi Garden Ext. 2; P.O. Rethabile; 0122
Telephone / Fax Number/s:	072 124 8209
Email address:	mkmogotsi73@gmail.com
Research Topic:	Teachers' perceptions of teenage pregnancy in schools in Tshwane South District 4.
Number and type of schools:	FOUR Secondary Schools
District/s/HO	Tshwane South

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved. A separate copy of this letter must be presented to the Principal, SGB and the relevant District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted. However participation is VOLUNTARY.

The following conditions apply to GDE research. The researcher has agreed to and may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

CONDITIONS FOR CONDUCTING RESEARCH IN GDE

1. The District/Head Office Senior Manager/s concerned, the Principal/s and the chairperson/s of the School Governing Body (SGB) must be presented with a copy of this letter.
2. The Researcher will make every effort to obtain the goodwill and co-operation of the GDE District officials, principals, SGBs, teachers, parents and learners involved. Participation is voluntary and additional remuneration will not be paid;

*21/08/16
2016/08/05*

Making education a societal priority

Office of the Director: Education Research and Knowledge Management ER&KM)
9th Floor, 111 Commissioner Street, Johannesburg, 2001
P.O. Box 7710, Johannesburg, 2000 Tel: (011) 255 0505

3. Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal and/or Director must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.
4. Research may only commence from the second week of February and must be concluded by the end of the THIRD quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.
5. Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.
6. It is the researcher's responsibility to obtain written consent from the SGB/s; principal/s, educator/s, parents and learners, as applicable, before commencing with research.
7. The researcher is responsible for supplying and utilizing his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institution/s, staff and/or the office/s visited for supplying such resources.
8. The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research title, report or summary.
9. On completion of the study the researcher must supply the Director: Education Research and Knowledge Management, with electronic copies of the Research Report, Thesis, Dissertation as well as a Research Summary (on the GDE Summary template). Failure to submit your Research Report, Thesis, Dissertation and Research Summary on completion of your studies / project – a month after graduation or project completion - may result in permission being withheld from you and your Supervisor in future.
10. The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned;
11. Should the researcher have been involved with research at a school and/or a district/head office level, the Director/s and school/s concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards

Mkhado

Dr David Makhado

Director: Education Research and Knowledge Management

DATE:

2016/08/05

2

Making education a societal priority

Office of the Director: Education Research and Knowledge Management (ER&KM)

9th Floor, 111 Commissioner Street, Johannesburg, 2001
 P.O. Box 7740, Johannesburg, 2000 Tel: (011) 355 9508

APPENDIX D: LETTER TO SCHOOL PRINCIPALS REQUESTING PERMISSION TO CONDUCT RESEARCH

THE PRINCIPAL

Dear Sir/ Madam

Permission to conduct research study at School A Secondary School

I, Margareth Kedibone Mogotsi, hereby request permission to conduct a study at your school. I am doing research under the supervision of Dr M.F Mavuso, a senior lecture in the Department of Psychology of Education towards a MEd degree in the field of Psychology of Education at the University of South Africa. The title of the study: Teachers' perceptions and experiences on teenage pregnancy in secondary schools.

The aim of the study is to explore perceptions and experiences on teenage pregnancy in secondary schools. The participants will include selected teacher per school including deputy principal, one Head of Department. The research is qualitative in nature, using an interpretive research paradigm. Data will be collected by means of semi-structured interviews involving individual teachers, document analysis and field notes will be reflected in a journal.

Should I be given the opportunity to conduct the proposed research at your school, all information collected will be treated confidentially. Consent will be obtained from all participants who may decide to terminate their participation in the research at any time of the study. Every effort will be made to treat identifying details of the school and participants in the research anonymously throughout the reporting of the research findings.

The benefits of this study will contribute in a positive way in enabling the researcher and participants to develop a better understanding of teacher's perceptions and experiences of teenage pregnancy. This may help to inform policy makers in developing guidelines for schools to deal with the issue of teenage pregnancy.

Thanking you in anticipation for a positive response and the efforts in assisting me in this regard. For further information, please do not hesitate to contact me through the contact details below:

Regards

M.K. Mogotsi
Student number: 51638185
Telephone: 0721248209
Email: 51638185@mylife.unisa.ac.za

APPENDIX E: LETTERS OF PERMISSION FROM SCHOOL PRINCIPALS TO CONDUCT RESEARCH

School A

DATE: 23/10/2016

APPROVAL IN RESPECT OF REQUESTING TO CONDUCT RESEARCH

This letter serves to indicate that permission is hereby granted to Ms M.K. MOGOTSI to proceed with research as requested.

Kindly note that this research can only be done after 14:30 to avoid interrupting contact time.

Good luck with your studies.

With kind regards



School B

02 September 2016

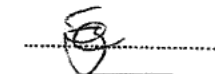
APPROVAL IN RESPECT OF REQUEST TO CONDUCT RESEARCH

This letter serves to indicate that approval is hereby granted to Ms Mogotsi M.K. to proceed with research as requested.

Kindly note that no contact time should be interfered with, hence the school expects that the research will be conducted from 14H30.

The above-mentioned school wishes you well in this important undertaking.

Kind regards.



School C

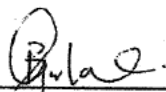
APPROVAL IN RESPECT OF REQUEST TO CONDUCT RESEARCH

This letter serves to indicate that approval is hereby granted to Ms Mogotsi M.K to proceed with research as requested.

Kindly note that no contact time should be interfered with, hence the school expects that the research will be conducted from 14H30.

The above-mentioned school wishes you well in this important undertaking.

Kind regards.



School D

Date: 20 October 2016

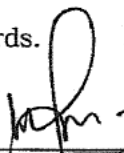
Attention : The Supervisor
Dr Van Breda M.J
UNISA
Pretoria

Re: Approval on request to conduct a research

Greetings. This is to confirm that the above mentioned institution allowed Ms M. Mogotsi to conduct her research as requested.

Hoping and wishing her a prosperous research.

Regards.



✓ 20/10/2016.

APPENDIX F: LETTER REQUESTING TEACHERS TO PARTICIPATE IN AN INTERVIEW FOR RESEARCH PURPOSES

The title and purpose of the study: Teachers' perceptions and experiences of teenage pregnancy in secondary schools.

Dear Prospective Participant

This letter is an invitation to consider participating in a study I, Margareth Kedibone Mogotsi, is conducting as part of my research for a M.Ed degree in the field of Psychology of Education. Permission for the study has been granted by the Gauteng Department of Education and the Ethics Committee of the College of Education, UNISA. I have purposefully identified you as a possible participant in view of your valuable experience and expertise related to my research topic.

I would like to provide you with more information about this project and what your involvement would entail if you agree to take part. The importance of understanding and dealing with teenage pregnancy in the context of secondary schools is important. In this interview I would like to ascertain your views and opinions on this topic. This information can be used to improve better understanding of teacher's perceptions and experiences of teenage pregnancy and may help inform policy makers in improving guidelines for schools on how they could deal with the issue of teenage pregnancy more efficiently.

Your participation in this study is voluntary and will involve individual interview of approximately 45 minutes to 1 hour in a mutually agreed location and at a time convenient to you. You may decline to answer any of the interview questions if you so wish. Furthermore, you may decide to withdraw from this study at any time without any negative consequences.

With your kind permission, the interview will be audio-recorded to facilitate collection of accurate information and later transcribed for analysis. Shortly after the transcription has been completed, I will contact you to afford you an opportunity to confirm the accuracy of the content of the interview to add or clarify other points if needed. All information which you provide will be treated strictly confidential. Your identifying details will not appear in any publication based on this study. Data collected during this study will be retained on a password protected computer for 5 years in my locked office cabinet. Be assured that there are no known or anticipated risks to you as a participant in this study.

If you have any questions regarding this study or would like additional information to assist you in reaching a decision about your participation, please contact me at the contact details above. I look forward to receiving your response.

If you accept this invitation to participate, I will request you to sign the consent form below.

Yours sincerely

Margareth Kedibone Mogotsi

Telephone: 0721248209

Email: mkmogotsi73@gmail.com

APPENDIX G: CONSENT FORM TO PARTICIPATE IN THIS STUDY (RETURN SLIP)

I, (Participant name), confirm that the researcher requesting my consent to take part in this research has told me about the nature, procedures, potential benefits and anticipated inconvenience of participation.

I have read the information on the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to re-think the issue. The aims and objectives of the proposed study were explained clearly to me. I have not been pressurised to participate in any way. I understand that the participation to this study as explained in the information sheet is completely voluntary and that I may withdraw from it at any time without penalty or supplying reasons. I have sufficient time to ask questions and am prepared to participate in the study. I know that this study has been approved by the Research Ethics Committee of University of South Africa, the Tshwane South District and that the school has also granted permission for the study to be conducted.

I am fully aware that the findings of this study will be processed into a research report, journal publications and /or conference proceedings, but that my participation will be kept confidential unless otherwise specified. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this study and agree to the recordings of the transcriptions.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname (please print)

Participant signature:

Date:

Researchers Name & Surname (please print)

.....

Researchers Signature:

Date:

APPENDIX H: INTERVIEW QUESTIONS

- What are your experiences of teenage pregnancy in your school?
- What is it like to teach pregnant teenagers?
- In your view, what are the factors that cause teenage pregnancy amongst learners?
- How does teenage pregnancy influence the emotional and behaviour of teenage pregnant learners?
- What strategies do you use to support teenagers who are pregnant?
- What challenges do you encounter in supporting teenage pregnant learners?
- In your view, how can teenage pregnancy amongst be addressed in schools?

APPENDIX I: INTERVIEW SCHEDULE FOR CONDUCTING RESEARCH

NAME OF SCHOOL	DATE FOR INDIVIDUAL INTERVIEWS	TIME
School A	3 November 2016	14H30-15H30
School B	10 November 2016	14h30-15H30
School C	17 November 2016	14h30-15H30
School D	30 November 2016	14h30-15H30

APPENDIX H: EDITING CONFIRMATION LETTER



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14 March 2020

Declaration of professional edit

TEACHERS' PERCEPTIONS AND EXPERIENCES OF TEENAGE PREGNANCY IN SECONDARY SCHOOLS IN TSHWANE SOUTH EDUCATION DISTRICT

by

Margareth Kedibone Mogotsi

I declare that I have edited and proofread this thesis. My involvement was restricted to language usage and spelling, completeness and consistency, referencing style and formatting of headings, captions and Tables of Contents. I did no structural re-writing of the content.

I am qualified to have done such editing, being in possession of a Bachelor's degree with a major in English, having taught English to matriculation, and having a Certificate in Copy Editing from the University of Cape Town. I have edited more than 200 Masters and Doctoral theses, as well as articles, books and reports.

As the copy editor, I am not responsible for detecting, or removing, passages in the document that closely resemble other texts and could thus be viewed as plagiarism. I am not accountable for any changes made to this document by the author or any other party subsequent to the date of this declaration.

Sincerely,

Dr Jacqui Baumgardt

D. Ed. Education Management

Full member: Professional Editors Guild (BAU001)

Blue Diamonds Professional Services (Pty) Ltd (Registration Number 2014/092365/07)

Sole Director: J Baumgardt